

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB -1 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000019636

1. Corporation Name

WAYBRIGHT CONSTRUCTION
INC.

2. Principal Office Address

11295 S.W. 186TH CIR.

Suite, Apt. #, etc.

3. Mailing Office Address

11295 S.W. 186TH CIR.

Suite, Apt. #, etc.

City & State

DUNNELLON FLA.

City & State

DUNNELLON FLA.

Zip

34432

Country

MARION

Zip

34432

Country

MARION

4. Date Incorporated or Qualified
To Do Business in Florida

3-2-98

5. FEI Number

59-3495469

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael Waybright

Street Address (P.O. Box Number is Not Acceptable)

11295 S.W. 186 TH. CIRCLE

Suite, Apt. #, Etc.

City

DUNNELLON

State

FL

Zip Code

34432

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Michael Waybright

REGISTERED AGENT MUST SIGN

Date

1-28-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

President
Vice President
Secretary

MICHAEL WAYBRIGHT

11295 S.W. 186 TH.
CIRCLE

DUNNELLON
FLA 34432

DARRYL E. MAIER

5878 W. WOODHILL
COURT

CRYSTAL RIVER
FLA 34429

00-02 URB 18

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Michael Waybright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-28-02

Daytime Phone #

352-489-6436

CR2E081 (9/01)

payroll

1-28-02

To whom it may concern,

This Letter is to Let
you know. Due to medical Problems
in our Family in past Five years
this has been over Look. We
Apologize For this. And we
Are Now ReFiling For Active
Status.

Thank you
Michael Wafford