

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03/12/10 11:15

DOCUMENT # **998000100252**

1. Corporation Name

Wright Day Care Center, Inc.

2. Principal Office Address
136 Patrick Drive

3. Mailing Office Address
136 Patrick Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Walton Beach, FL

City & State
Fort Walton Beach, FL

Zip
32547

Country
US

Zip
32547

Country
US

REINSTATEMENT

CR2E081 (12/05)

05.06

4. Date Incorporated or Qualified
To Do Business in Florida **11/25/1998**

5. EEL Number
593552005

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
Lafawn Mursch

Street Address (P.O. Box Number is Not Acceptable)
6180 Hwy 4 West

Suite, Apt. #, Etc.

City
Baker

State
FL

Zip Code
32531

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

Date **11/01/2006**

REGISTERED AGENT MUST SIGN

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
D	Timothy W. Mursch	6180 Hwy 4 West	Baker, FL 32531
D	Lafawn Mursch	6180 Hwy 4 West	Baker, FL 32531

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/2006

Date

850.864.5123

Daytime Phone #

B. Mitchell NOV 20 2006

20f2

Wright Day Care Center, Inc.

136 Patrick Drive

Fort Walton Beach, FL 32547

Phone: (850) 864-5123

November 1, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement Application – Wright Day Care Center, Inc.
P98000100252

Dear Ladies and Gentlemen:

Enclosed is my application to have the above referenced corporation reinstated with the State of Florida.

As provided for in your instructions, I am respectfully requesting that the \$600.00 reinstatement fee be waived. I did not receive the annual report notice for the year 2005. Because I did not receive the dues notice and renew the corporation for 2005, I did not receive a notice for 2006.

I did not realize that none of the reports for these years (2005 and 2006) had not been paid and filed until my bank brought it to my attention that my corporation had been dissolved.

Based on the explanation in this letter, please accept the enclosed check of \$300.00 to pay the annual fees (\$150.00 per year) for 2005 and 2006; and reinstate my corporation as quickly as possible

Thank you in advance for your favorable consideration of this request.

Please call me if you have any questions or comments.

Sincerely,



Lafawn Mursch, Director