PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 FEB -9 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04/26/00 90089 009 $70.00

DOCUMENT # **N98000001162**

1. Corporation Name

PHILLIPPE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~5514 PARK BOULEVARD~~	~~PO BOX 10249~~
~~PINELLAS PARK FL 33781~~	~~LARGO FL 33773~~
~~US~~	~~US~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
6880 46th Ave N	P.O. Box 10007
Suite, Apt. #, etc. Suite 240	Suite, Apt. #, etc.
City & State St. Petersburg Fl	City & State Largo fl.
Zip 33709 Country USA	Zip 33773 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/26/1998

5. FEI Number 36-4409808 ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	REED, JOHN W	~~5514 PARK BLVD~~ 6880 46th Ave N Suite 240	~~PINELLAS PARK FL 33781~~ St. Petersburg fl. 33709
SD	BRODERICK, ROGER B	5514 PARK BOULEVARD	PINELLAS PARK FL 33781
TD	MCREYNOLDS, CYNTHIA	~~5514 PARK BLVD~~ 6880 46th Ave N Suite 240	~~PINELLAS PARK FL~~ St. Petersburg fl. 33709
			900003746829--6 -02/22/01--01012--023 ****227.50 ****227.50
		REINSTATEMENT	00-01 78

8. Name and Address of Current Registered Agent

JONES, CHRISTIE S ESQUIRE
126-21ST AVENUE NORTHEAST
ST. PETERSBURG FL 33704-4541

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 900003746829--6

Suite, Apt. #, Etc. -02/22/01--01012--024 ******8.75 ******8.75

City | State FL | Zip Code

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Christie S Jones SIGNATURE REQUIRED Date 2/8/01

REGISTERED AGENT MUST SIGN

11. 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: John Reed SIGNATURE REQUIRED John W Reed President 1/4/01 727-541-7472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #