

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

03 OCT 24 PM 5:07

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P24138**

1. Corporation Name

**PHELPS-TOINTON, INC.**

Principal Place of Business

Mailing Address

ONE GREELEY NATIONAL PLAZA  
 822 - 7TH STREET SUITE 200  
 GREELEY CO 80631-3933

PO BOX 9  
 GREELEY CO 80632-0009



**REINSTATEMENT 2003**

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

4. Date Incorporated or Qualified To Do Business in Florida

05/02/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

84-1109079

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	TOINTON, ROBERT G.	822 - 7TH STREET	GREELEY CO
VD	PHELPS, JOSEPH F.	822 - 7TH STREET	GREELEY CO
SD	TOINTON, BETTY L.	822 - 7TH STREET	GREELEY CO
T	TOINTON, BRYAN E	822 7TH ST, SUITE 700	GREELEY CO
V	<i>Travis W. Gillmore</i>	<i>822 7th St, Ste 700</i>	<i>Greeley, Co</i>
			300024058403 10/24/03--01005--013 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT. CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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. or 617.0505, F.S.

Signature of Registered Agent

*Glenda E. Hood* Asst. Secretary  
 REGISTERED AGENT MUST SIGN

Date *10-20-03*

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:

*Travis W. Gillmore*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10-15-03*  
 Date

*(910) 353-7000*  
 Daytime Phone #

CR2E040 (7/03)