

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 11 PM 4:57

DOCUMENT # F99000004654

1. Corporation Name

AMERICAN PHOSPHATE CORPORATION

Principal Place of Business

Mailing Address

C/O MULBERRY PHOSPHATES, INC.  
STATE ROAD 60 EAST  
MULBERRY FL 33860

C/O MULBERRY PHOSPHATES, INC.  
STATE ROAD 60 EAST  
MULBERRY FL 33860

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

09/09/1999

% Mulberry Corporation

% Mulberry Corporation

Suite, Apt. #, etc.  
4000 Highway 60 East

Suite, Apt. #, etc.  
P.O. Box 797

5. FEI Number

59-3365545

Applied For

Not Applicable

City & State  
Mulberry, FL

City & State  
Mulberry, FL

Zip  
33860

Country  
USA

Zip  
33860

Country  
USA

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) | Name of Officers<br>and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip                                                |
|----------|--------------------------------------|---------------------------------------------------|-------------------------------------------------------------------|
| 1        | 2                                    | 3                                                 | 4                                                                 |
| PCD      | RINALDI, PHILIP                      | -STATE ROAD 60 EAST -<br>4000 Highway 60 East     | MULBERRY FL 33860                                                 |
| VSD      | NEWMAN, SCOTT D                      | -STATE ROAD 60 EAST -<br>4000 Highway 60 East     | MULBERRY FL 33860                                                 |
|          |                                      |                                                   | 000003506570--5<br>-12/20/00--01013--019<br>****750.00 ****750.00 |
|          |                                      |                                                   |                                                                   |
|          |                                      |                                                   |                                                                   |
|          |                                      |                                                   |                                                                   |
|          |                                      |                                                   |                                                                   |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

Paul Ashcraft

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

4000 Highway 60 East

Suite, Apt. #, Etc.

City

Mulberry

State

FL

Zip Code

33860

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

*Paul Ashcraft*  
REGISTERED AGENT MUST SIGN

Date 12/7/00

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:

*Paul Ashcraft*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/00  
Date

212.308.3100  
Daytime Phone #

CR2E040 (800)