

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

182

FILED


06 NOV 27 AM 10: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT-06



10202006 REIN-P CR2E098 (11/05)

DOCUMENT # P00000029079					
1. Entity Name PHIL JONES REALTY, INC.					
Principal Place of Business 8340 N ARMENRIA AVE TAMPA, FL 33604			Mailing Address 8340 N ARMENRIA AVE TAMPA, FL 33604		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3633019	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  JONES, ARTHUR P 8340 N ARMENRIA AVE TAMPA, FL 33604				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Arthur Phillip Jones</i>				DATE 10-31-2006	
Signature, typed or printed name of registered agent and title (Applicable)				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, ARTHUR P		NAME	400082370064	
STREET ADDRESS	501 CENTER POINT RD		STREET ADDRESS	12/07/06--01053--003 **150.00	
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HURST, RONALD L		NAME		
STREET ADDRESS	8340 N ARMENRIA AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33604		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Arthur Phillip Jones</i>				10-31-2006 (813) 935-3326	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

Phil Jones Realty, Inc.  
8340 N. Armenia Ave.  
Tamp, Fl. 336604  
Phone: (813) 935-3326  
Fax: (813) 932-4944

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TO WHOM IT MAY CONCERN: 100000029079

I DID NOT RECEIVE THE REINSTATMENT NOTICE IN TIME TO PAY .I DI NOT RECIVE THE NOTICE  
UNTIL OCT AFTER THE DISSOLVED DATE.

PLEASE WAIVE THE REINSTATEMENT FEES.

THANK YOU

  
PHIL JONES