

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP -1 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709541

1. Corporation Name

A.P. Phillips Foundation, Inc.

2. Principal Office Address

3021 Greenmount Road

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32606

Country

USA

3. Mailing Office Address

Post Office Box 560126

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32856-0126

Country

USA

REINSTATEMENT 03-06
CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/03/1965

5. FEI Number

596165157

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

G&L Agent Services, Inc.

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

390 North Orange Avenue

Suite, Apt. #, Etc.

Suite 600

City

Orlando

State

FL

Zip Code

32801

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**

[Signature]
REGISTERED AGENT MUST SIGN

Date 8/31/2006

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
PD	DORIS K. WELLS	5200 S.W. 25th Boulevard, Apt. 2218	Gainesville, Florida 32608
VPD	CARLA ADAMS	3021 Greenmount Road	Orlando, Florida 32806
SD	Judy Jordan	1318 Edmundshire Lane	Orlando, Florida 32806
D	Chip Harper	3337 Florene	Orlando, Florida 32806
D	Tom Adams	3021 Greenmount Road	Orlando, Florida 32806

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] Carla Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/29/2006

Date

(407) 894-4796

Daytime Phone #