

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 AUG 25 AM 8:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F95000000554

1. Corporation Name

Phil Huffman and Associates, Inc.

2. Principal Office Address

1475 CORTEZ RD.W.

3. Mailing Office Address

4119 61st AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TERRACE W. C-203

City & State

Bradenton, FL

City & State

BRADENTON FL.

Zip

34207

Country

USA

Zip

34210

Country

usa

4. Date Incorporated or Qualified
To Do Business in Florida 2-1-95

5. FEI Number

61-1061638

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

Phillip Huffman

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

4119 61st Avenue Terrace West

Suite, Apt. #, Etc.

C-203

City

Bradenton

State

FL

Zip Code

34210

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

Phillip Huffman

REGISTERED AGENT MUST SIGN

Date 8-22-00

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
Pres.	Phillip Huffman	4119 61st Ave. Terrace West C-203	Bradenton, FL 34210
			KE

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 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:

Phillip Huffman

Phillip Huffman

8-22-00

Date

941.3523677

Daytime Phone #