

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 23 PM 12:05

DOCUMENT # **F95000000554**

1. Corporation Name

PHIL HUFFMAN AND ASSOCIATES, INC.

Principal Place of Business

~~4119 61ST RD. W.~~
~~BRADENTON FL 34207~~

Mailing Address

~~4119 61ST AV.~~
~~TERRACE W. C-203~~
~~BRADENTON FL 34210~~



REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3830 Suncity Center Blvd

Suite, Apt. #, etc.

Suite 103

City & State

Ruskin FL

Zip **33573**

Country **US**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip ~~33573~~

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/01/1995

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. 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
P	HUFFMAN, PHILLIP	4119 61ST AVE. TERRACE WEST	BRADENTON FL 34210

000009784030

01/02/03--01038--001 **758.75

8. Name and Address of Current Registered Agent

HUFFMAN, PHILLIP

4119 61ST AVENUE TERRACE WEST

C-203

BRADENTON FL 34210

9. Name and Address of New Registered Agent

Name

Same

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

3830 Suncity Center Blvd.

Suite, Apt. #, Etc.

Suite 103

City

Ruskin

State

FL

Zip Code

33573

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12-23-02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-23-02

Daytime Phone #

CR2E040 (8/02)