

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000000554**

1. Corporation Name

PHIL HUFFMAN AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

3830 SUNCITY CENTER BLVD.
SUITE 103
RUSKIN FL 33573

3830 SUNCITY CENTER BLVD.
SUITE 103
RUSKIN FL 33573

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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 6201 U.S. Hwy 41 N. Ft 2054	BRADENTON FL 34210- PALMETTO FL 34221

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUFFMAN, PHILLIP
3830 SUNCITY CENTER BLVD.
SUITE 103
RUSKIN FL 33573

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Phillip Huffman
REGISTERED AGENT MUST SIGN

Date 10-24-03

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:

Phillip Huffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-03

Date

813-634-8793

Daytime Phone #

CR2E040 (7/03)

CYPRESS VAC & SEW
3830 Sun City Cnt Blvd
Suite 103
Ruskin FL 33573

10-24-03

This is the ONLY NOTICE I have received.
And EVEN THIS NOTICE WAS PUT IN MY
NEIGHBOR'S MAIL BOX. Our POSTMAN IS
BAD ABOUT THIS. I HAVE TALKED TO THE
POSTMASTER ABOUT THIS PROBLEM.

Phil Hyman
Rus-