

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F96000003774

1. Corporation Name

PHILLIPS FORMWORK INC.

Principal Place of Business

Mailing Address

4300 VILLAGE OAK LANE
DUNWOODY GA 30008

4300 VILLAGE OAK LANE
DUNWOODY GA 30008

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

2. New Principal Office Address, If Applicable
14155 58th Street North
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
14155 58th Street North
Suite, Apt. #, etc.

City & State
Clearwater, Florida

City & State
Clearwater, Florida

Zip 33760 Country USA

Zip 33760 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

07/25/1996

5. FEI Number

58-2243444

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75

As a condition of reinstatement, the corporation must file 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
DPST	PHILLIPS, HARVEY	4300 VILLAGE OAK LANE 1621 GULF Blvd. #602	DUNWOODY GA 30008 Clearwater, FL 33767
Vice President	Muncy, Edward	26406 Greenwillow Run	Wesley Chapel, FL 33544
			600003063366--7 -12/07/99--01077--014 ****758.75 ****758.75
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEFEL, JOHN R JR ESQ
ONE INDEPENDENT DR., STE. 2301
JACKSONVILLE FL 32202-5050

Name
ROBERT R. WARCHOLA, ESQUIRE
Street Address (P.O. Box Number is Not Acceptable)
101 EAST KENNEDY BLVD., NATIONSBANK BLDG.
Suite, Apt. #, Etc.
SUITE 2800
City
TAMPA
State
FL
Zip Code
33602

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

REQUIRED

Date

10/25/99

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/99

Date

(727) 533-8184

Daytime Phone #