

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F98000007020**

1. Corporation Name

PELLHAM-PHILLIPS-HAGERMAN ARCHITECTS AND ENGINEERS, INC.

Principal Place of Business

Mailing Address

1111 S. GLENSTONE AVE
SPRINGFIELD MO 65804

1111 S. GLENSTONE AVE
SPRINGFIELD MO 65804

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

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/1998

5. FEI Number

43-1175080

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HAGERMAN, JERRY L AIA	4197 S. FARM RD 85	REPUBLIC MO 65738
V	FOSTER, CHARLES E AIA	2338 E BERKELEY	SPRINGFIELD MO 65804
S	PHILLIPS, LARRY J PE	535 N. FARM RD 193	SPRINGFIELD MO 65803
TCEO	WELLS, JEFFREY D PE	4394 E. UNIVERSITY AVE	SPRINGFIELD MO 65809
V	JENSEN, JOSEPH W	7149 E FARM ROAD 148	ROGERSVILLE MO 65742

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/16/01

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

10.12.01

Date

417.865.1672

Daytime Phone #