

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 JAN 14 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 02

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)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip                       |
|---------------|---|--|---|
| P<br>V        | HAGERMAN, JERRY L AIA                     | 4197 S. FARM RD 85                                     | REPUBLIC MO 65738                             |
| P<br>P        | FOSTER, CHARLES E AIA                     | 2338 E BERKELEY  | SPRINGFIELD MO 65804                          |
| S             | PHILLIPS, LARRY J PE                      | 595 N. FARM RD 198<br>1116 Hickory Ridge Dr.           | SPRINGFIELD MO 65808<br>Nixa 65714            |
| TCEO          | WELLS, JEFFREY D PE                       | 4394 E. UNIVERSITY AVE                                 | SPRINGFIELD MO 65809                          |
| V             | JENSEN, JOSEPH W                          | 7149 E FARM ROAD 148                                   | ROGERSVILLE MO 65742                          |
|               |   |  | 400010076204<br>01/14/03--01048--007 **150.00 |

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jeffrey David Wells*  
Jeffrey David Wells 12-23-2 417-865-1672

Date

Daytime Phone #