

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 FEB 11 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

449784

1. Corporation Name

Alice & Phyllis, Inc.

Principal Place of Business

Tallahassee, Fl.

Mailing Address

3132 Pleasant Court
Tallahassee, Fl. 32303

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

2. New Principal Office Address, If Applicable
1435 East Lafayette Street

Suite, Apt. #, etc.

City & State
Tallahassee, Florida

Zip
32301

Country
Leon

3. New Mailing Office Address, If Applicable
1435 East Lafayette Street

Suite, Apt. #, etc.

City & State
Tallahassee, Florida

Zip
32301

Country
Leon

4. Date Incorporated or Qualified
To Do Business in Florida April 1, 1985

5. FEI Number
59-2578188

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Shaw, Alice T.	1435 East Lafayette Street	Tallahassee, Florida 32301
VP/D	Shaw, Allen M.	1435 East Lafayette Street	Tallahassee, Florida 32301

REINSTATEMENT

2/11/97
25P

8. Name and Address of Current Registered Agent

Tay-Shine Mao
3132 Pleasant Court
Tallahassee, Florida 32303

9. Name and Address of New Registered Agent

Name
Alice T. Shaw
Street Address (P.O. Box Number is Not Acceptable)
1435 East Lafayette Street
Suite, Apt. #, Etc.
City
Tallahassee
State
FL
Zip Code
32301

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

[Signature]

REGISTERED AGENT MUST SIGN

200002086042--3

02/12/97-01127-010

***1942.50 ***1942.50

(See other side for information
on intangible tax.)

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

12. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/97

Date

(904)
878-1779

Daytime Phone #

CR2E040 (12/96)