

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 16 AM 11:40

DOCUMENT # H49784

1. Corporation Name

ALICE & PHYLLIS INC.

400066382964
02/22/06--01026--008 **300.00

REINSTATEMENT 05-06

CR2E081 (12/05)

2. Principal Office Address

1415 TIMBERLANE RD.

3. Mailing Office Address

1415 TIMBERLANE RD.

Suite, Apt. #, etc.

405

Suite, Apt. #, etc.

405

City & State

TALLAHASSEE, FL.

City & State

TALLAHASSEE, FL.

Zip

32312-1732

Country

USA

Zip

32312-1732

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1985

5. EEL Number

59-2578188

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SHAW, ALICE T.

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

2895 ROYAL OAK DRIVE

Suite, Apt. #, Etc.

City

TALLAHASSEE, FL.

State

FL

Zip Code

32309

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SHAW, ALICE T.	2895 ROYAL OAK DRIVE	TALLAHASSEE, FL. 32309
VPD	SHAW, ALLEN M.	2895 ROYAL OAK DRIVE	TALLAHASSEE, FL. 32309

10. 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 contained in Chapter 119, 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

1-27-06 (850) 561-8889

Date

Daytime Phone #

2 of 2

**ALICE SHAW PRESIDENT
ALICE & PHYLLIS INC.**

1415 Timberlane Rd. #405
Tallahassee, Florida, 32312

(850) 561-8889

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January 27, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Gentlepersons:

This is to affirm that neither the ALICE & PHYLLIS CORPORATION nor any of its officers received an annual report notice for the year 2005 which was the year of the dissolution/revocation of the corporation. Therefore, it is requested that the corporation be reinstated per the instruction sheet for the Corporation Reinstatement form. A completed Corporation Reinstatement form is enclosed with a check for \$300.00.

Sincerely,



Alice Shaw, President

ALICE & PHYLLIS INC>