

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H96620

1. Entity Name
DPHA, INC.



Principal Place of Business
4328 GAMMON DR.
SEBRING, FL 33870 US

Mailing Address
4328 GAMMON DT.
SEBRING, FL 33870 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2632894

Approved For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THROCKMORTON, JOYCE
4328 GAMMON DRIVE
SEBRING, FL 33870-5300

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

No change - Joyce Throckmorton (863) 385-8202 12/23/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CAMPBELL, LARRY
STREET ADDRESS 4328 FLETCHER DR.
CITY-ST-ZIP SEBRING, FL 33870

TITLE SD ☐ Delete
NAME PENZIOWOL, SANDI
STREET ADDRESS 4329 RIPLEY DR.
CITY-ST-ZIP SEBRING, FL 33870

TITLE TD ☐ Delete
NAME RAGER, HAROLD
STREET ADDRESS 4327 STAMBACK DR.
CITY-ST-ZIP SEBRING, FL 33870

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 700062441837
STREET ADDRESS 12/28/05--01043--005 **750.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Larry S. Campbell PRESIDENT
LARRY S. CAMPBELL

12/23/05 (863) 385-8202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

05 DEC 28 PM 5:03

SECRET
TALLAHASSEE, FL 32301



REINSTATEMENT 2005