

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

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

FILED

97 JAN -2 PM 1:00

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # K84116**

P.H.L.O., INCORPORATED, a Florida Corporation
c/o ALBORNOZ, SEGREDO & WEISZ,
Attorney's At Law
901 Ponce De Leon Boulevard
Suite 701
Coral Gables, Florida 33134

2. If Address in Block 1 is incorrect, enter the correct address below:

Address

REINSTATEMENT

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified To Do Business in Florida

4/18/89

5. FEI Number

FEI Number Applied For

☒ FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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
Director	PETER HUEPPI	Same as above	

700002047997--1

01/07/97 01076-096

****375.00 ****375.00

REGISTERED AGENT INFORMATION

9. If changed, new registered agent / office

Name

8. Name and Address of Current Registered Agent

William H. Albornoz, Esquire
ALBORNOZ, SEGREDO & WEISZ,
Attorney's At Law
901 Ponce De Leon Boulevard
Suite 701
Coral Gables, Florida 33134

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

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

William H. Albornoz

REGISTERED AGENT MUST SIGN

Date 12/31/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☒ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

William H. Albornoz

Date 12/31/96

Daytime Phone #

Typed or printed name of signing officer or director