

2006 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT-06



10202006 REIN-P CR2E098 (11/05)

DOCUMENT # P00000029079 1. Entity Name PHIL JONES REALTY, INC.					
Principal Place of Business 8340 N ARMENRIA AVE TAMPA, FL 33604			Mailing Address 8340 N ARMENRIA AVE TAMPA, FL 33604		
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 59-3633019			Applied For ☒ Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent JONES, ARTHUR P 8340 N ARMENRIA AVE TAMPA, FL 33604			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 <u>Arthur Phillip Jones</u> DATE <u>10-31-2006</u> Signature, typed or printed name of registered agent and state (Applicable) (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, ARTHUR P 501 CENTER POINT RD VALRICO, FL 33594		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400082370064 12/07/06--01053--003 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HURST, RONALD L 8340 N ARMENRIA AVE TAMPA, FL 33604		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Arthur Phillip Jones</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>10-31-2006</u> Daytime Phone # <u>(813) 935-3326</u>		

Phil Jones Realty, Inc.
8340 N. Armenia Ave.
Tamp, Fl. 336604
Phone: (813) 935-3326
Fax: (813) 932-4944

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TO WHOM IT MAY CONCERN: 100000029079

I DID NOT RECEIVE THE REINSTATMENT NOTICE IN TIME TO PAY .I DI NOT RECIVE THE NOTICE
UNTIL OCT AFTER THE DISSOLVED DATE.

PLEASE WAIVE THE REINSTATEMENT FEES.

THANK YOU


PHIL JONES