

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000034458

1. Entity Name
PHYL-MAC COMPANIES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 NOV -7 PM 2:18

Principal Place of Business
602 HIGHWAY 17-92
HAINES CITY, FL 33844

Mailing Address
P.O. BOX 870
HAINES CITY, FL 33845



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11022007 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number
59-3642961

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCBRYAR, PHYLLIS M
3112 SANDY CIRCLE
HAINES CITY, FL 33844

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MCBRYAR, PHYLLIS M
STREET ADDRESS 3112 SANDY CIRCLE
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE ☐ Change ☐ Addition
NAME 700112084547
STREET ADDRESS 11/07/07--01049--007 **150.00
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCBRYAR, EMERSON B
STREET ADDRESS 3112 SANDY CIRCLE
CITY-ST-ZIP HAINES CITY, FL 33844

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

TITLE D ☐ Delete
NAME MCBRYAR, STANLEY
STREET ADDRESS 3112 SANDY CIRCLE
CITY-ST-ZIP HAINES CITY, FL 33844

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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:

Phyllis M. McBryar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-07

Date

Daytime Phone #