

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000034458

**1. Corporation Name**

PHYL-MAC COMPANIES INC  
8812 LAKE GLONA CT  
CLERMONT FL 34711

**2. Principal Office Address**

8812 LAKE GLONA CT

Suite, Apt. #, etc.

City & State

CLERMONT FL 34711

Zip

34711

Country

usa

**3. Mailing Office Address**

P.O. BOX 874

Suite, Apt. #, etc.

City & State

DUNDEE FL 33838

Zip

33838

Country

usa

000025426450  
12/11/03--01060--009 \*\*300.00  
**REINSTATEMENT 02-03**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/31/2000

**5. FEI Number**

593642961

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

PHYLLIS MCBRYAR

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

8812 lake glona ct

Suite, Apt. #, Etc.

City

CLERMONT

State

FL

Zip Code

34711

**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

*Phyllis M. McBryar*  
REGISTERED AGENT MUST SIGN

Date 12-8-03

**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
D	PHYLLIS MCBRYAR	8812 lake glona ct	clermont fl 34711
D	STANLEY MCBRYAR	8812 lake glona ct	clermont fl 34711

**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 under section 119.07(3)(i), 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:

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

12-8-03

Date

Daytime Phone #

CR2E081 (10/02)