


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>

DOCUMENT # **P00000062617**

1. Corporation Name

**PHILPOT & ASSOCIATES, INC.**

Principal Place of Business

**605 ALICE ST.  
PLANT CITY FL 33566**

Mailing Address

**605 ALICE ST.  
PLANT CITY FL 33566**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/26/2000**

5. FEI Number

**59-3659628**

Applied For

Not Applicable

6. ☒ \$5.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PHILPOT, HENRY P III	605 ALICE ST.	PLANT CITY FL 33566
STD	PHILPOT, MARCY L	605 ALICE ST.	PLANT CITY FL 33566

**300004764703-4**

**-01/10/02--01031--021**

**\*\*\*\*158.75 \*\*\*\*158.75**

**01432**

8. Name and Address of Current Registered Agent

**PHILPOT, HENRY P III  
605 ALICE ST.  
PLANT CITY FL 33566**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**12/28/01**

11. 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12/28/01**

Daytime Phone #

**(813) 546 7019**

CR20040 (8/01)

Page 2 of 2

**Philpot & Associates, Inc.**  
**D/B/A Retail Support Services**  
**605 Alice St.**  
**Plant City, Fl. 33566**

Friday, December 28, 2001

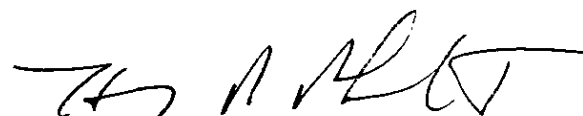
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl. 32314-6327

To Whom it may concern:

Please be advised that we did not receive notices for the previous uniform business report. We respectfully ask therefore that you waive the \$600.00 reinstatement fee. We have filled the application for reinstatement and have enclosed \$150.00 for the "For profit" corporate fee, plus an additional \$8.75 to obtain a certificate of status please.

My day time phone number is (813) 546-7019.

Thank you for your consideration and attention.



Henry P. Philpot  
President