Pg 1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 MAY 9 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000062617

1. Corporation Name
PHILPOT & ASSOCIATES, INC.

REINSTATEMENT 02-05

2. Principal Office Address	**3.** Mailing Office Address
605 ALICE ST.	605 ALICE ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANT CITY, FL.	City & State: PLANT CITY, FL.
Zip: 33563 Country: USA	Zip: 33563 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 6/26/2000

5. FEI Number 59-3659628 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: HENRY P. PHILPOT, III

Street Address (P.O. Box Number is Not Acceptable): 605 ALICE ST.

Suite, Apt. #, Etc.:

City: PLANT CITY | State: FL | Zip Code: 33563

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: [signature] Date: 5/05/2005
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
P/D	HENRY P. PHILPOT, III	605 ALICE ST	PLANT CITY, FL 33563
S/V	DEANNA G. PHILPOT	605 ALICE ST.	PLANT CITY, FL 33563

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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: [signature] 5/05/2005 (813) 546 2019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/16/05

Philpot & Associates, Inc.
D/B/A Retail Support Services
605 Alice St., Plant City, Fl. 33563

Phone/Fax (813) 707 -1152
Mobile (813) 546 - 7019

Friday, May 06, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dept: of State:

I have a small company and was recently notified by my insurance company that we are currently listed as inactive with the state. I don't believe I received the request for an annual report. (Please note also that our postal zip code is different than that which you have on record. This is NOT due to a physical change of address, but rather because the U.S. Postal Service reorganized the zip codes. Our correct zip code is "33563"). I respectfully request that the reinstatement fee be waived.

I have included $61.25 annual report fee for the years 2002 – 2005 and $88.75 for the same years. I have also included $8.75 for a certificate of status and have included a pre-stamped and pre-addressed envelope. I hopeful this will return my status to active.

Thank you for your assistance.

Sincerely,

Henry P. Philpot
President