PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 06 JUN 26 P'1 1:05 SEC... TALLAH... ...DA |

DOCUMENT # *P00000102243*

1. Corporation Name

Phillips Contracting Home Improve-ment, Inc

2. Principal Office Address *13516 Glasser Ave*	**3.** Mailing Office Address *13516 Glasser Ave*	REINSTATEMENT 01-06
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4.** Date Incorporated or Qualified To Do Business in Florida
City & State *Orlando FL*	City & State *Orlando FL*	**5.** FEI Number *59-3699908* □ Applied For □ Not Applicable
Zip *32826*	Country *ORANGE*	Zip *32826*	Country *ORANGE*	**6.** CERTIFICATE OF STATUS DESIRED □ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *Phillips Antonio O*

Street Address (P.O. Box Number is Not Acceptable) *13516 Glasser Ave*

Suite, Apt. #, Etc

| City *Orlando* | State **FL** | Zip Code *32826* |

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 _____ *Phillips Sr.* REGISTERED AGENT MUST SIGN   Date *6/12/06*

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	*Phillips Antonio O*	*13516 Glasser Ave*	*Orlando Fl 32826*
		000077096940 07/06/06--01061--020 **1500.00	

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 contained in Chapter 119, 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: _____ *Phillips Sr.* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   *6/12/06* Date   *(407)737-0707* Daytime Phone #