

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DEC 19 AM 8:09

DOCUMENT # P00000102243

1. Corporation Name

PHILLIPS CONTRACTING HOME IMPROVEMENTS

400139169174
12/19/08--01030--016 **300.00

REINSTATEMENT
CR2E081 (10/08)

07-08

2. Principal Office Address - No P.O. Box #
13209 BRAMHALL RUN

3. Mailing Office Address
PO BOX 781003

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip Country
32832 USA

Zip Country
32878 USA

4. Date Incorporated or Qualified
To Do Business in Florida 10/30/2000

5. FEI Number
593699908

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
DANILO PHILLIPS

Street Address (P.O. Box Number is Not Acceptable)
13209 BRAMHALL RUN

Suite, Apt. #, Etc.

City
ORLANDO

State Zip Code
FL 32832

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 12/12/2008

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	ANTONIO O PHILLIPS SR	13209 BRAMHALL RUN	ORLANDO, FL 32832
V	ANTONIO O PHILLIPS JR	13209 BRAMHALL RUN	ORLANDO, FL 32832
V	DANILO PHILLIPS	13209 BRAMHALL RUN	ORLANDO, FL 32832

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:

DANILO PHILLIPS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/2008

Date

407-405-1597

Daytime Phone #

12/22
EW