

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

WD4000030961

DOCUMENT # P01000079180

1. Corporation Name

M.A. Phillips Services, Inc

2. Principal Office Address

1112 E. Bloomfield Dr

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Inverness, FL

City & State

Zip

34453

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/13/01

5. FEI Number

59-3738904

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

Matt Phillips

M.A. Phillips Services, Inc

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

1112 E. Bloomfield

Suite, Apt. #, Etc.

City

Inverness

State

FL

Zip Code

34453

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

Matt Phillips

REGISTERED AGENT MUST SIGN

Date 8-2-04

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
<u>Pres</u>	<u>Matt Phillips</u>	<u>1112 E. Bloomfield Dr</u>	<u>Inverness, FL 34453</u>

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: Matt Phillips

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-2-04

Daytime Phone #

FILED
04 NOV -1 AM 10: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04

CR2E081 (01/04)