

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 28 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000099858

**1. Corporation Name**

PhantomShield, Inc.

**2. Principal Office Address**

660 Clay St.

Suite, Apt. #, etc.

D

City & State

Winter Park, FL

Zip

32789

Country

USA

**3. Mailing Office Address**

660 Clay St.

Suite, Apt. #, etc.

D

City & State

Winter Park, FL

Zip

32789

Country

USA

REINSTATEMENT

03-04

000032758720

04/26/04--01073--009 \*\*150.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/16/02

**5. FEI Number**

02-0642716

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

Hawcock, John K.

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

660 Clay Street

Suite, Apt. #, Etc.

D

City

Winter Park

State

FL

Zip Code

32789

**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]*

REGISTERED AGENT MUST SIGN

Date 1-29-04

**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
PTD	Hawcock, John K.	660 Clay Street, Suite D	Winter Park, FL 32789
SD	Hawcock, Stephen K.	660 Clay Street, Suite D	Winter Park, FL 32789
D	Hawcock, Julia M.	660 Clay Street, Suite D	Winter Park, FL 32789

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/04

Date

407-599-9300

Daytime Phone #

CR2E081 (10/02)