


2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 DEC 30 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|--|---|---|--|--|
| DOCUMENT # P03000127340 | | | |  | |
| 1. Entity Name JAMES PHILLIPS & SONS TILE, INC. | | | | | |
| Principal Place of Business 1914 BETHLEHAM RD PLANT CITY, FL 33565 | | | Mailing Address 1914 BETHLEHAM RD PLANT CITY, FL 33565 | | |
| 2. Principal Place of Business 1914 BETHLEHEM ROAD | | 3. Mailing Address POST OFFICE BOX 1775 | | | |
| Suite, Apt. #, etc. PLANT CITY FLORIDA | | Suite, Apt. #, etc. PLANT CITY FLORIDA | | | |
| City & State 33565 | | City & State 33564 | | | |
| Zip 33565 | Country UNITED STATES | Zip 33564 | Country UNITED STATES | 4. FEI Number 200399309 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | 12132004 REIN-P CR2E098 (6/04) | |
| 6. Name and Address of Current Registered Agent PHILLIPS, JAMES E 1914 BETHLEHAM RD PLANT CITY, FL 33565 | | | 7. Name and Address of New Registered Agent Name PHILLIPS, JAMES E. Street Address (P.O. Box Number is Not Acceptable) 1914 BETHLEHEM ROAD PLANT CITY FLORIDA City PLANT CITY FL 33565 | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <i>James E. Phillips</i> | | | | DATE 12/28/04 | |
| (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST PHILLIPS, JAMES E PO BOX 1775 PLANT CITY, FL 33564 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PHILLIPS, CHARLES E 727 NASHVILLE RD LAKELAND, FL 33815 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2000437240008 12/30/04--01013--010 **158.75 <i>th</i> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PHILLIPS, JAMES M 4608 ROEBUCK RD PLANT CITY, FL 33567 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE <i>James E. Phillips</i> | | | | DATE 12/28/04 (813) 986-7712 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # | |