

1 of 2

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -1 AM 11:36

DOCUMENT # P03000147163

1. Entity Name
BRIAN PHILLIPS ENTERPRISES, INC.



Principal Place of Business
6700 NO ROME, LOT 538A
TAMPA, FL 33604

Mailing Address
6700 NO ROME, LOT 538A
TAMPA, FL 33604

REINSTATEMENT 05-06

2. Principal Place of Business

39621 MARIGOLD LN

3. Mailing Address

39621 MARIGOLD LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.



02082006

REIN-P

CR2E098 (11/05)

City & State

ZEPHYRHILLS FL

City & State

ZEPHYRHILLS FL

4. FEI Number

80-0091285

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, BRIAN
6700 NO ROME, LOT 538A
TAMPA, FL 33604

7. Name and Address of New Registered Agent

Name BRIAN PHILLIPS

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

39621 MARIGOLD LN

City ZEPHYRHILLS FL Zip Code 33540

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

Brian Phillips

2-23-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME PHILLIPS, BRIAN
STREET ADDRESS 6700 NO ROME, LOT 538A
CITY-ST-ZIP TAMPA, FL 33604 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PPOS
NAME
STREET ADDRESS BRIAN LEE PHILLIPS
CITY-ST-ZIP 39621 MARIGOLD LN
ZEPHYRHILLS, FL 33540 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Brian Phillips

BRIAN PHILLIPS 2-23-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-294-5558

TO: DIVISION OF CORPORATIONS

THE REASON I did NOT RENEW IS THAT I didn't receive A RENEWAL CARD. I moved addresses OVER TWO YEARS AGO I didn't know THAT ADDRESS WAS ON MY PAPERWORK. I CALLED FOR INSTRUCTIONS AND THIS IS WHAT I WAS TOLD TO DO.

ENCLOSED IS \$300.00 FOR TWO YEARS RENEWAL FEES

Brian Phillips