

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 13 PM 3:13

2005 ANNUAL REPORT

**DOCUMENT #**

1. Corporation Name  
P04000088400

PH Locksmith SERVICES, INC

2. Principal Office Address  
307 MIAMI LANE

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
KISSIMMEE

City & State  
SAME

Zip  
34759

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
20-1200733

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  
G. PATTISON

600056113676  
06/13/05--01033--005 \*\*150.00

Street Address (P.O. Box Number is Not Acceptable)  
917 N PALMWAY STREET

Suite, Apt. #, Etc.

City  
KISSIMMEE FLORIDA 34744

State  
FL

Zip Code  
34744

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

*Grace Pattison*  
REGISTERED AGENT MUST SIGN

Date  
6/9/05

**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	CHARLES WEBB	307 MIAMI LANE	KISSIMMEE, FL 34759

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:

*Charles Webb*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

2 of 2

# PH LOCKSMITH SERVICES, INC

921 N. Palmway Street  
Kissimmee, FL 34744

June 9, 2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re:** PH LOCKSMITH SERVICES, INC P04000088400

Dear Sir/Madam:

Please find enclosed a reinstatement form and a check in the amount of \$150.00 for the 2005 Uniform Business Report. Please abate the reinstatement fee.

Unfortunately, we did not receive notification the report was due and thus unaware.

If possible, it would be appreciated if you would kindly abate the penalty for late filing, as this is the first year in business and we did not receive the notification of renewal.

Thank you for your time and attention to this matter.

Yours truly,



Charles Webb

cc: File  
Enc: (3)