

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # p05000010036

1. Corporation Name

**UNCLE PHESTERS PHIX IT INC.**

FILED

07 OCT 29 PM 3:52

CLATASSEE, FLORIDA

2. Principal Office Address - No P.O. Box #  
104 Pimlico Way

3. Mailing Office Address  
104 Pimlico Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

City & State

West Palm Beach, Florida

Zip

33411

Country

Zip

33411

Country

**REINSTATEMENT**

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida 01/19/2005

5. FEI Number

34-2032918

☐ 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  
Ellen K. Rataj

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

Suite, Apt. #, Etc.

City  
West Palm Beach

State  
FL

Zip Code  
33411

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Ellen Rataj*

REGISTERED AGENT MUST SIGN

Date

10-26-07

**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
PSTD	Rataj, Phillip	104 Pimlico Way	West Palm Beach, Florida 33411

100112087651  
11/07/07-01053-013 \*\*150.00

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 contained in Chapter 119, 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:

*Phillip Rataj*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-26-07

Daytime Phone #