

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 14 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P37650**

1. Corporation Name

PHILIP ST, INC.

Principal Place of Business

**5200 CEDAR CREST BLVD.
HOUSTON TX 77067
US**

Mailing Address

**PO BOX 1334 5151 SAN FELIPE
HOUSTON TX 77210 HOUSTON TX
US 77056**

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5151 SAN FELIPE

Suite, Apt. #, etc.

SUITE 1600

City & State

HOUSTON, TX

Zip

77056

Country

USA

3. New Mailing Office Address, If Applicable

5151 SAN FELIPE

Suite, Apt. #, etc.

SUITE 1600

City & State

HOUSTON, TX

Zip

77056

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/1992

5. FEI Number

74-1398757

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	THOMAS, ALEX ALEC.	5151 SAN FELIPE, STE 1600	HOUSTON TX 77056
VP	PETERSON, TOM	51510 SAN FELIPE, SUITE 1600	HOUSTON TX 77056
VPS	SOULE, COLIN	100 KING STREET WEST	HAMILTON ON LBNJ
T	RAMIREZ, MICHAEL W	5151 SAN FELIPE, STE 1600	HOUSTON TX 77056
D	THOMAS, ALEC	5151 SAN FELIPE, STE 1600	HOUSTON TX 77056
AS	ANNA VENTRESCA.	100 KING ST. W.	HAMILTON ON LBNJ

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

388883879443-8

-12/23/99--01059--002

******750.00**

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Patrick A. Nolan
Assistant Secretary

Date

12/13/1999

11. 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]

ASSISTANT SECRETARY.

Date

11/19/1999 905-521-1600

Daytime Phone #