

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 14, 2003 8:00 A.M.**  
**Secretary of State**

**DOCUMENT #** A93000045417

**1. Corporation Name**

Phils Mobile Auto Services, Inc.

**2. Principal Office Address**

Reagan  
564 S. Ronald Blvd.

Suite, Apt. #, etc.

City & State

Longwood, FLA

Zip

32750

Country

Seminole

**3. Mailing Office Address**

7471 Colonial Court

Suite, Apt. #, etc.

City & State

Sanford FLA

Zip

32771

Country

Seminole

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/26/93

**5. FEI Number**

59-3179824

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

Phillip R Robinson

500013911225

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

7471 Colonial Court

03/11/03--01019--014 \*\*600.00

Suite, Apt. #, Etc.

City

Sanford

State  
FL

Zip Code

32771

**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

Phil Robinson

REGISTERED AGENT MUST SIGN

Date 3/6/03

**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
<u>Pres</u>	<u>Phillip Robinson</u>	<u>7471 Colonial Ct</u>	<u>Sanford FL 32771</u>
<u>Vice Pres</u>	<u>Lisa L. Robinson</u>	<u>7471 Colonial Ct</u>	<u>Sanford FL 32771</u>

**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:**

Phil Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 302 1680  
3/6/03 407 260 1779  
Date Daytime Phone #