

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # Pa3000085564(1)  
1. Corporation Name King Phillip Enterprises Inc.

FILED  
97 AUG -6 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 12760 SW 232nd St.  
Miami, Florida 33170  
Mailing Address P.O. Box 703  
Miami FL  
33170

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

**REINSTATEMENT 95-97**

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
<u>Suite, Apt. #, etc.</u>		<u>P.O. Box 703</u>		<u>12/10/97</u>	
<u>City &amp; State</u>		<u>Miami FL</u>		5. FEI Number <u>65-0454927</u>	
<u>Zip</u>	<u>Country</u>	<u>Zip</u>	<u>Country</u>	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<u>33170</u>	<u>America</u>	<u>33170</u>	<u>America</u>		

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>President + Director</u>	<u>Lionel Phillip</u>	<u>12760 SW 232nd St</u>	<u>Miami, FL 33170</u>
<u>Secretary</u>	<u>Sylvia Phillip</u>	<u>12760 SW 232nd St</u>	<u>Miami, FL 33170</u>
			<u>100002263451--2</u>
			<u>08/11/97-01124-003</u>
			<u>***1088.75 ***1088.75</u>

8. Name and Address of Current Registered Agent

9. Name and Address of Current Registered Agent

<u>Lionel Phillip</u> <u><del>P.O. Box 703</del> 12760 SW 232nd St</u> <u>Miami, FL 33170</u>		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <u>FL</u> Zip Code	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Lionel Phillip Date 7/22/97  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: Lionel Phillip Date 7/22/97 (305) 815-2147  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Lionel Phillip

CR2040 (12/96)