

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -2 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000087473**

1. Corporation Name

PHH HOLDING COMPANY, INC.

Principal Place of Business

Mailing Address

150 2ND AVE. NORTH
SUITE 800
ST. PETERSBURG FL 33701

150 2ND AVE. NORTH
SUITE 800
ST. PETERSBURG FL 33701

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1993

5. FEI Number

59-3220318

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HUBBLE, WILLIAM F	12020 DONNER PASS RD, STE 202 74040 Hwy 111 Ste 228	TRUCKEE CA 96161 Palm Desert, CA 92260
D	DESANTIS, ANTHONY	12020 DONNER PASS RD STE 202 150 2nd Ave No Ste 800	TRUCKEE CA 96161 St. Petersburg, FL 33701
D	DOLAN, J K	150 2ND AVE N STE 800	ST PETERSBURG FL 33701

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALDWELL, CLAYTON
150 2ND AVE., N.
STE. 800
ST. PETERSBURG FL 33701

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

(Signature)
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

4/28/03

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)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

760-
4/23/03 674-4824

CR2040 (8/02)