

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 NOV -4 AM 9:00

DOCUMENT # P94000090657

1. Corporation Name

Phillips Pharmatech Labs. Inc

Principal Place of Business

Mailing Address

8767 115<sup>th</sup> Ave N.  
Oakwood Industrial Park  
Largo, Florida 33773-4904

8767 115<sup>th</sup> Ave N  
Oakwood Ind. Park  
Largo, FL.  
33773-4904

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

12/13/1994

5. FEI Number

59-3287302

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 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
D	Phillips, Brett J.	8767 115 <sup>th</sup> Ave N.	Largo, FL. 33773

300002341913--5  
-11/07/97--01098--017  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Brett J Phillips

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

8767 115<sup>th</sup> Ave N

Suite, Apt. #, Etc.

Oakwood Ind. Park

City

Largo

State

Zip Code

FL

33773-4904

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

Brett J. Phillips

REGISTERED AGENT MUST SIGN

Date

10/29/97

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:

Brett J. Phillips

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/97

Date

813-391-7881

Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 NOV -4 AM 9:00

DOCUMENT # P94000090657

1. Corporation Name

Phillips Pharmatech Labs. Inc

Principal Place of Business

Mailing Address

8767 115<sup>th</sup> Ave N.  
Oakwood Industrial Park  
Largo, Florida 33773-4904

8767 115<sup>th</sup> Ave N.  
Oakwood Ind. Park  
Largo, FL.  
33773-4904

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

12/13/1994

5. FEI Number

59-3287302

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	Phillips, Brett J.	8767 115 <sup>th</sup> Ave N.	Largo, FL. 33773

3000002341913--5  
-11/07/97--01098--017  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Brett J. Phillips

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

8767 115<sup>th</sup> Ave N

Suite, Apt. #, Etc.

Oakwood Ind. Park

City

Largo

State

Zip Code

FL

33773-4904

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

Brett J. Phillips

REGISTERED AGENT MUST SIGN

Date

10/29/97

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:

Brett J. Phillips

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/97

Date

813-397-7881

Daytime Phone #