

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P96000001490**

1. Corporation Name

PHIL'S PLACE, INC.

Principal Place of Business

6784 STIRLING RD
HOLLYWOOD FL 33324

Mailing Address

6784 STIRLING RD
HOLLYWOOD FL 33324

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	4. Date Incorporated or Qualified To Do Business in Florida	12/29/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5.- FEI Number	Applied For
City & State	City & State	65-0638955	
Zip	Country	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	City / State / Zip
D	MORELLO, PHIL	6784 STIRLING RD	HOLLYWOOD FL 33324



REINSTATEMENT *b* *01*

8. Name and Address of Current Registered Agent

**MORELLO, PHIL
6784 STIRLING RD
HOLLYWOOD FL 33324**

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	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.

Signature of
Registered Agent

Phil Morello
REGISTERED AGENT MUST SIGN

Date *10-30-01*

CR2E04C (8/01)

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:

Phil B. Morello
Phil B. Morello, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-30-01 954-981-9849