

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000009692

1. Entity Name
PHELPS/HATHAWAY ENTERPRISES, INC.



Principal Place of Business

5651 ELDORADO DRIVE
DELEON SPRINGS, FL 32130 US

Mailing Address

5651 ELDORADO DRIVE
DELEON SPRINGS, FL 32130

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11162007

REIN-P

CR2E098 (1/07)

4. FEI Number
59-3366879

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHELPS-HATHAWAY, MARY
5651 ELDORADO DRIVE
DELEON SPRINGS, FL 32130

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mary J. Phelps - Hathaway

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11-25-07

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME PHELPS-HATHAWAY, MARY ☐ Delete
STREET ADDRESS P.O. BOX 868 N/A
CITY-ST-ZIP DELEON SPRINGS, FL

TITLE ☐ Change ☐ Addition
NAME 400112850004
STREET ADDRESS 12/05/07--01024--003 **150.00
CITY-ST-ZIP

TITLE V
NAME HATHAWAY, JAMES J ☐ Delete
STREET ADDRESS P.O. BOX 868 N/A
CITY-ST-ZIP DELEON SPRINGS, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

11-25-07

SIGNATURE:

Mary J. Phelps - Hathaway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary J. Phelps - Hathaway Pres
Date Daytime Phone #

12/06