

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000079525

1. Corporation Name

PHILLIPS ACCURATE INVENTORY, INC

Principal Place of Business

878 BURNTLEAF LANE  
TALLAHASSEE FL 32310

Mailing Address

878 BURNTLEAF LANE  
TALLAHASSEE FL 32310

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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
1	2 PHILLIPS, GWYN D	3 878 BURNTLEAF LANE	4 TALLAHASSEE FL 32310
			500004749186 01/03/02-01049-016 ****150.00 ****150.00
			600004749186--9 -01/03/02-01049-016 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

PHILLIPS, GWYN  
878 BURNTLEAF LANE  
TALLAHASSEE FL 32310

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-13-01

CR2ED40 (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:

*Gayn D Phillips* 10-13-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/27/01

To Whom It May Concern:

I Never received a renewal  
or anything concerning this for year 2001.

Our Company has not been active  
for more than a year, due to illness,  
but we would like to remain a  
Corp. in the event, we can re-open.

Thank you,  
George Phillips  
Owner

Phillips' Accurate Inventory