PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMEN
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State DIVISION OF CORPORATIONS

P97000079525 DOCUMENT #

1. Corporation Name

PHILLIPS ACCURATE INVENTORY, INC

Principal Place of Business

Mailing Address

878 BURNTLEAF-LANE

878 BURNTLEAF LANE

FILED

02-NOV - 1 AM 10: 21

SECRETARY OF STATE TALLAHASSEE FLORIDA

Application State City & State Sy 3340 IUV Not Application	TALLAHAS	SSEE-FL 32310 *****	TALLAHASS	SEE FL 32310		# [#TO]#FB[]	II 1914) 199K BOK DEKK EDI) 90 fili 1 90fi 1819 i	BIEFF ELDOL BIEF 1001;
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	. New Pi	Incipal Office Address, If Applicable			Oate Incorporated or Qualified To Do Business in Florida 09/15/1997				
ity & State	uite, Apt.	#, etc.						997	
Not Applicate Not Applicat						5. FEI Number		Applied F	
Country Zip Country	ity & State City & State					7 59-3346100		Ī	Not Applicable
Names and Street Addresses of Each Officer and/or Director (Florida nonprolit corporations must list at least 3 directors) Title(s) 2 Name of Officers and/or Directors 3 Street Address of Each Officer and/or Director 4 City / State / Zip P PHILLIPS, GWYN D 878 BURNTLEAF LANE TALLAHASSEE FL 32310 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent PHILLIPS, GWYN 878 BURNTLEAF LANE Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) State Zip Code FL City State Zip Code	p	Country	Zin I Coun		6.			S8 75, Add	
Name of Officers and/or Directors 2					y	CERTIFICATE	OF STATUS DESIRED	for a Ce	rtificate of Status
B. Name and Address of Current Registered Agent PHILLIPS, GWYN B. Name and Address of Current Registered Agent PHILLIPS, GWYN B. Name and Address of Current Registered Agent Name PHILLIPS, GWYN 878 BURNTLEAF LANE TALLAHASSEE FL 32310 Street Address (P.O. Box Number is Not Acceptable)	Names	and Street Addresses of Each Officer an	d/or Director (Fl	orida nonprofit corp	orations must list at I	least 3 directors)			
P PHILLIPS, GWYN D 878 BURNTLEAF LANE TALLAHASSEE FL 32310 11/01/0201073002 **150.00 8. Name and Address of Current Registered Agent Name PHILLIPS, GWYN 878 BURNTLEAF LANE TALLAHASSEE FL 32310 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	INIE(S)			ļ			City / State / Zip		
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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.	I, being	appointed the registered agent of the ab	ove named corpo	oration, am familiar	with and accept the	obligations of Section	on 607.0505 F.S. or 6		

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 of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/24/02

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

			AAMARAS	IT (UBR)		•
1. Entity Nar	Me me	# P97000	0079525	No. par		3
PHI	LLIP	S ACCURA	TEINVEN	TORY, INC.		
	DO N	OT WRITE	IN THIS S	SPACE		
2. Principal F 878 Suite, Apt.		LEAF LN.	3. Mailing Address 878 BURN Suite, Apt. #, etc.	ITLEAF LN.	DO NOT WRITE IN TH	IS SPACE
City & Stat	AHASS	ee, F!	City & State TALLAHASS	see Fl	4. FEI Number 5 9-33 46100	Applied For
Zip 323	10	Country LEON	^{zip} 32310	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
}					7. Name and Address of Current Register	
	D	O NIOT W		Name		
رادينيده مقالوستد		W TON C		Street Addre	ess (P.O. Box Number is Not Acceptable)	
	IN	THIS SP	ACE			
		/				
		i		City	F	Zip Code
9. This corpor Tax filing re	ration is eligible	orinted name of registered agent as to satisfy its Intangible elects to do so.	January 1 - After Ma	May 1 Fee is \$150.00 y 1, Fee is \$550.00	10. Election Campaign Financing	\$5.00 May Be
(See criteria	a on back) 		Make Check Paya	ed UBR is \$61.25 ble to Department of 5	Tought Fund Contains	Added to Fees
11.	Dari	OFFICERS AND D	DIRECTORS			
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	ify that the info	rmation supplied with the	- CD	City-St-ZiP		
indicated on of the corpor	this report or s	supplemental report is tru	s ning does not qualify for le and accurate and that m	the exemption stated in S y signature shall have the	ection 119.07(3)(i), Florida Statutes. I further cert same legal effect as if made under oath: that I a	fy that the information

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 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Dayline Phone #

Dear malam/Sir I have so knowledge of receiving a renewal form. However, I had a mild Strake a few mortes and have been ill for awhile. I respectfully ast that you union the posalty.