

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000000179

1. Corporation Name

PHILLIPS CONTRACTING, INC.

Principal Place of Business

2351 PILGER AVENUE
NORTH PORT FL 34287
US

Mailing Address

2351 PILGER AVENUE
NORTH PORT FL 34287
US

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

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1999

5. FEI Number

65-0884852

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PHILLIPS, GREGORY S	2351 PILGER AVENUE	NORTH PORT FL 34287

200008729502
10/31/02--01067--015 **150.00

8. Name and Address of Current Registered Agent

PHILLIPS, GREGORY S
2351 PILGER AVENUE
NORTH PORT FL 34287

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/24/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

941-429-1124

Phillips Contracting Inc.

2351 Pilger Avenue
North Port, Florida 34286
941-628-2539 941-429-1124 or 941-429-1178 fax

To whom it may concern,

I received your notice of administrative dissolution or revocation form on Tuesday October 22nd 2002. This is the first form I have seen in regards to my corporate status. I did not receive the UBR notices in January and or in June as a result I am requesting that the reinstatement fee be waived. Enclosed please find the application for reinstatement and a check for \$150.00.

Thank you for your consideration in this matter.
Sincerely,

Greg Phillips

