PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PAGE 1 of 2

CORPORATION [redacted]

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

FILED
01 SEP 24 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000011120

1. Corporation Name
PHILLIPS ENTERPRISES, INC.

2. Principal Office Address	3. Mailing Office Address
99 EGLIN PKWY SW	P.O. BOX 5106
Suite, Apt. #, etc. #F10	Suite, Apt. #, etc.
City & State FT. WALTON BEACH, FL	City & State FT WALTON BEACH, FL
Zip 32548 Country USA	Zip 32549-5106 Country USA

02-21-2001 90197 023 150.00

4. Date Incorporated or Qualified To Do Business in Florida JAN 1996

5. FEI Number 593557615 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name JOHN M. PHILLIPS, JR.

100046168877--2
-10/01/01--01010--004
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable) 708 PUTTER DR.

Suite, Apt. #, Etc.

City NICEVILLE, FL State FL Zip Code 32578

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent John M Phillips, Jr. REGISTERED AGENT MUST SIGN Date 9/21/1

CR2E081 (8/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	JOHN M. PHILLIPS, JR.	708 PUTTER DR.	NICEVILLE, FL 32578
	150.00 - AR		
		DO-01 YBR	TS

10. 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: John M Phillips, Jr. 9/21/1 850-582-4062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DEAR SIR,

9/21/[illegible]
PAGE 2 OF 2

I HAVE NO RECORDS OF HAVING RECEIVED A REQUEST FOR PAYMENT FROM THE STATE OF FLORIDA TO RENEW MY CORPORATION'S REGISTRATION. PLEASE ACCEPT MY CHECK FOR $150.00 TO REINSTATE MY CORPORATION, PHILLIPS ENTERPRISES, INC.

SINCERELY,

[redacted]

JOE M. PHILLIPS, JR
PRES.