

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 AUG 24 PM 2:05

SECRET  
TALLAHASSEE, FLORIDA

*[Handwritten initials]*

**REINSTATEMENT 03-05**

DOCUMENT # *S12942*

1. Corporation Name  
Philip Ledington, Inc.

2. Principal Office Address  
4200 Commercial Way

3. Mailing Office Address  
4200 Commercial Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Spring Hill, Florida

City & State  
Spring Hill, Florida

Zip  
34606

Country  
USA

Zip  
34606

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 11/13/1990

5. FEI Number  
593037041

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  
Philip Ledington

Street Address (P.O. Box Number is Not Acceptable)  
4200 Commercial Way

Suite, Apt. #, Etc.

City  
Spring Hill

State  
**FL** Zip Code  
34606

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 *Philip Ledington*  
REGISTERED AGENT MUST SIGN

Date *8/15/05*

**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
DP	Philip Ledington	4200 Commercial Way	Spring Hill, Florida 34606

000059017560  
08/26/05--01042--007 \*\*1058.75

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: *Philip Ledington*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/15/05* 352-585-6968  
Date Daytime Phone #

CR2E081 (01/05)