

2004 FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -1 PM 2:02

DOCUMENT # V26653 1. Entity Name PARRY PHILLIPS, P.A.					
Principal Place of Business 4481 N STATE RD 7 STE 1 LAUDERDALE LAKES, FL 33319 US			Mailing Address 4481 N STATE RD 7 STE 1 LAUDERDALE LAKES, FL 33319 US		
2. Principal Place of Business 4481 N. STATE ROAD 7, STE 1 Suite, Apt. #, etc. SUITE 1 City & State LAUDERDALE LAKES, FL Zip 33319		3. Mailing Address SAME AS ABOVE ROAD 7 Suite, Apt. #, etc. City & State Zip U.S.A.			
4. FEI Number 65-0323309		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PHILLIPS, BRINEL JOY 4481 N STATE RD 7 STE 1 LAUDERDALE LAKES, FL 33319			7. Name and Address of New Registered Agent Name BRINEL-JOY PHILLIPS, ESQ. Street Address (P.O. Box Number is Not Acceptable) 4481 N STATE ROAD 7, SUITE 1 City LAUDERDALE LAKES		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			Signature, typed or printed name of registered agent and title if applicable. <i>B. J. Phillips</i>		
SIGNATURE BRINEL-JOY PHILLIPS, ESQ.			DATE 10/29/04		
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, BRINEL JOY 4469 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHILLIPS, DAVID P. 4469 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE BRINEL-JOY PHILLIPS, ESQ. <i>B. J. Phillips</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date (954) 733-8929		

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