

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**  **FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
**12 NOV 29 AM 11: 29**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** F02000000022  
 1. Corporation Name  
**PHOENIX BUSINESS, INC.**

2. Principal Office Address - No P.O. Box #  
**5717 MADGE PLACE**  
 Suite, Apt #, etc.

3. Mailing Office Address  
**5717 MADGE PLACE**  
 Suite, Apt #, etc.

City & State  
**HALTOM CITY, TX**

City & State  
**HALTOM CITY, TX**

Zip Country  
**76117 US**

Zip Country  
**76117 US**

4. Date Incorporated or Qualified To Do Business in Florida  
 12/31/2001

5. PER Number  
**364217363**

6. CERTIFICATE OF STATUS DESIRED **\$3.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name  
**INCORP SERVICES**

Street Address (P.O. Box Number is Not Acceptable)  
**17888 67TH COURT NORTH**

Suite, Apt #, etc.

City State Zip  
**LOXAHATCHEE FL 33470**

**900242231839**  
**1729/12--01012--020 \*\*2250.00**

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 *Debra* **REGISTERED AGENT MUST SIGN** Date **NOVEMBER 28, 2012**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCDT	HANIF SARANGI	5717 MADGE PLACE	HALTOM CITY, TX 76117

**REINSTATEMENT 02-12**

**NOV 29 2012**

**T. SCOTT**

10. E-mail Address: **DEBRA@PHOENIXCONSULTINGFIRM.COM**  
 (To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Hanif Sarangi* **Hanif Sarangi** 11/29/2012 305-444-4954  
 (Typed or Printed Name of Signing Officer or Director) Date Daytime Phone