PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG 13 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000100759**

1. Corporation Name

PHENIX GROUP VENTURES CORPORATION

Principal Place of Business	Mailing Address
36181 EAST LAKE ROAD PALM HARBOR FL 34685 US	~~36181 EAST LAKE ROAD~~ ~~PALM HARBOR FL 34685~~ ~~US~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	6645 RIDGE RD.
City & State		City & State	PORT RICHEY, FL.
Zip	Country	Zip	34668 Country US

4. Date Incorporated or Qualified To Do Business in Florida: 09/17/2002

5. FEI Number: 54-2098655 ☐ 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
D, P	RICHARD WOJCIK	36181 EAST LAKE RD.	PALM HARBOR, FL 34685
D, V.P.	GERALD LEROUX	36181 EAST LAKE RD.	PALM HARBOR, FL. 34685

200040164712
08/13/04 --01033--007 **300.00

AMENDED ATTACHMENT 03-04

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
TORRENCE, ALFRED W JR. 6645 RIDGE ROAD PORT RICHEY FL 34668	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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 _____ Date 7/28/04
REGISTERED AGENT MUST SIGN

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: X _____ GERALD LEROUX VICE PRES. 7/28/04 727-939-3063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PHENIX GROUP VENTURES CORP.
36181 East Lake Road
Palm Harbor, FL 34685

July 28, 2004

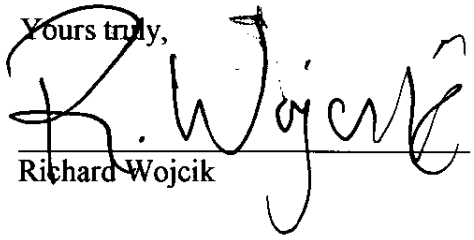
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement and waiver of fee

Gentlemen:

The undersigned as President of Phenix Group Ventures Corp. hereby certifies that the UBR notices for 2003 and 2004 were not received at the company's mailing address. It is further requested that you waive the reinstatement fee in this instance. We have changed the mailing address to insure this issue does not arise again. It is requested that you reinstate the corporation in accordance with the enclosed application for reinstatement. We have submitted herewith the sum of $300 in fees for the years 2003 and 2004.

Yours truly,



Richard Wojcik

Encl.