

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F10148

1. Corporation Name

PHOENIX GENERAL IMPORT & EXPORT,

Corp. Inc.

2. Principal Office Address

2200 SW 8TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

2200 SW 8TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip
33135

Country
MIAMI-DADE

Zip
33135

Country
MIAMI-DADE

REINSTATEMENT

CR2E081 (12/05)

09-01-04 90005 046 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1980

5. FEI Number

59-2063818

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

RODRIGUEZ, JOSE M

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

6741 SW 28TH TERR

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33155

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

Jose M Rodriguez

REGISTERED AGENT MUST SIGN

Date

3/6/06

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
VTD	RODRIGUEZ, MAYDA	6741 SW 28 TERR	MIAMI, FL 33155
DP	RODRIGUEZ, JOSE M	6741 SW 28 TERR	MIAMI, FL 33155
	<i>3/3/14</i>		
			200069054652 03/30/06--01044--030 **900.00

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 contained in Chapter 119, 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:

Jose M Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-06

Date

Daytime Phone #