

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 11 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 572857

1. Corporation Name

Phoenix Limited, Inc.

2. Principal Office Address

7737 N.W. 79th Ave

Suite, Apt. #, etc.

City & State

TAMARAC, FL

Zip

33321

Country

United States

3. Mailing Office Address

6636 NW 57th St.

Suite, Apt. #, etc.

Suite 214

City & State

Tamarac, FL

Zip

33319

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

6/14/78

5. FEI Number

59-1921 727

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

Irwin Krom

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

7737 N.W. 79th Ave

Suite, Apt. #, Etc.

City

TAMARAC, FL

State
FL

Zip Code

33321

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

Irwin Krom

REGISTERED AGENT MUST SIGN

Date 10/7/02

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
P	Albert Goldstein	5240 Okeechobee Blvd	West Palm Beach, FL 33409

REINSTATEMENT 00-02

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert Goldstein

Date

(561) 683-8188

Daytime Phone #

T. Lewis 10/14/02

CR2E081 (9/01)