

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 693408

Corporation Name

Phoenix Services, Inc.

1. Principal Office Address - No P.O. Box # 5340 Loch Place		3. Mailing Office Address 5340 Loch Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lakeland, FL		City & State Lakeland, FL	
Zip 33813	Country USA	Zip 33813	Country USA

400801911304
07/28/17--01007--023 **1958.75
CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida July 7, 1981	
5. FEI Number 59-2098984	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> Yes	
\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Charles W. Reed			
Street Address (P.O. Box Number is Not Acceptable) 5340 Loch Place			
Suite, Apt. #, Etc.			
City Lakeland	State FL	Zip Code 33813	

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 *Charles W. Reed* Date **7-10-17**
REGISTERED AGENT MUST SIGN

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
PSD	Charles W. Reed	5340 Loch Place	Lakeland, FL 33813
JD	A.S. Bradley	7505 Somerset Shores Court	Orlando, FL 32819

E-mail Address: andy@polklawyer.com

(To be used for future annual report notification)

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: *Charles W. Reed* **CHARLES W REED** Date **7-10-17** (863) 860-5123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #