

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


08 MAR 12 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000120117140
03/12/08--01034--018 **1058.75

REINSTATEMENT 06-08^{KS}
CR2E081 (12/07)

**CORPORATION
REINSTATEMENT**

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

DOCUMENT # F01000004433

1. Corporation Name

Phoenix Group of NEVADA, Inc

2. Principal Office Address - No P.O. Box #

3000 NE 30TH PI

Suite, Apt. #, etc.

5TH FI

City & State

Ft Lauderdale, FI

Zip

33306

Country

USA

3. Mailing Office Address

3000 NE 30TH PI

Suite, Apt. #, etc.

5TH FI

City & State

Ft Lauderdale, FI

Zip

33306

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/22/2001

5. FEI Number

65117567

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

Andyara Mata

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

3000 NE 30TH PI

Suite, Apt. #, Etc.

5TH FI

City

Ft Lauderdale

State

FL

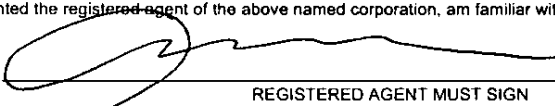
Zip Code

33306

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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



REGISTERED AGENT MUST SIGN

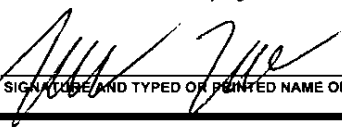
Date 3/11/08

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
PRES.	William Wilkerson	3000 NE 30TH PI, 5TH FI	Ft Lauderdale, FI 33306

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:



William Wilkerson

3/11/08

954-563-1224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #