

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY 30 AM 7:03

REINSTATEMENT

06/15/07--01065--004 **158 06-07

DOCUMENT # F03000001328

1. Corporation Name

Phoenix FINANCIAL
MARKETING SERVICES, INC.

2. Principal Office Address

4945 Golden Gate Pkwy
Suite, Apt. #, etc.

3. Mailing Office Address

4945 Golden Gate Pkwy
Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34116 Collier

Zip

34116 Collier

4. Date Incorporated or Qualified
To Do Business in Florida

3/17/03

5. FEI Number

582126377

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Name

PAUL DARRAW, PA

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

1404 GOODLETTE RD NORTH

Suite, Apt. #, Etc.

STATE
FL

Zip Code
34102

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

Paul C. Darraw

REGISTERED AGENT MUST SIGN

Date - 12-5-06

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
PTCD	Joseph Skladany	16664 LUCARNO WAY	Naples, FL 34110
SD	Al Colarusso	299 Burnt Pine Drive	Naples, FL 34119

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:

Joe Skladany

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/6/06

Daytime Phone #

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PAUL C. DARROW P.A.

Attorney At Law

*1404 Goodlette Road North
Naples, Florida 34102*

Admitted to:

*Florida Bar
U.S. Federal Court
Middle District of Florida
11th Circuit Court of Appeals*

Tele. No (239) 262-3268

Fax (239) 262-2244

December 11, 2006

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

Re: Corporation Reinstatement
PHOENIX FINANCIAL MARKETING SERVICES, INC
REINSTATEMENT FEE WAIVER REQUEST

~~Dear Department of State:~~

Please find enclosed a check # 1339 in the amount of \$150.00 payable to the Department of State. Furthermore, please accept this correspondence as a request for a waiver of the reinstatement fees. The Registered Agent of ~~PHOENIX FINANCIAL MARKETING SERVICES, INC.~~ Joseph Skladany, ~~advised me that the corporation did not receive the annual report notice for the~~ year 2006. Therefore; kindly accept this correspondence as a request for a waiver of the reinstatement fees.

If you should require any additional information in order to process the reinstatement and/or the request for a waiver of the reinstatement fees, do not hesitate to contact me.

Sincerely,



Paul C. Darrow, Esq.

Xc: client