

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -8 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000002597

1. Corporation Name

Phoenix Telecommunication Group, Inc.

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

5840 State Road 60 East

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33567

Country

USA

3. Mailing Office Address

5840 State Road 60 East

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33567

Country

USA

500167113065

01/25/10--01054--013 **150.00

REINSTATEMENT

4. Date Incorporated or Qualified

To Do Business in Florida

05/11/2004

5. FEI Number

820540786

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

Registered Agents Legal Services, LLC

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

155 Office Plaza Drive

Suite, Apt. #, Etc.

Suite A

City

Tallahassee

State

FL

Zip Code

32301

☒ 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.

500167113065

02/09/10--01004--002 **\$300.75

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

Donnae Fournier

REGISTERED AGENT MUST SIGN

Date

1-19-10

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
DPST	John D. Gill, Sr.	5840 State Road 60 East	Plant City, FL 33567
VP	Natalie Gill	5840 State Road 60 East	Plant City, FL 33567

10. E-mail Address: ngill1@tampabay.rr.com

(To be used for future annual report notification)

11. 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. 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.

SIGNATURE:

John D. Gill

N.M. Gill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-22-10

Daytime Phone #

813-737-2158