

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000003768

**1. Corporation Name**

Phoenixcor, Inc.

**2. Principal Office Address**

44 Old Ridgebury Road

Suite, Apt. #, etc.

**City & State**

Danbury, CT

**Zip**

06810

**Country**

USA

**3. Mailing Office Address**

10 Riverview Drive

Suite, Apt. #, etc.

Attn: Licensing/ Kapil

**City & State**

Danbury, CT

**Zip**

06810

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/13/1987

**5. FEI Number**

22-2869254

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**

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

**City**

Plantation

**State**

FL

**Zip Code**

33324

**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

**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
President	Paul T. Bossidy	10 Riverview Drive	Danbury, CT 06810
Director	Thomas F. Fanelli	10 Riverview Drive	Danbury, CT 06810
Director	Paul T. Bossidy	10 Riverview Drive	Danbury, CT 06810
VP	Kapil Kundrai	10 Riverview Drive	Danbury, CT 06810
Secretary	Amanda N Skolan-Logue	10 Riverview Drive	Danbury, CT 06810
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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAPIL KUNDRAI

04/24/06

Date

866-844-4046

Daytime Phone #

FILED  
2006 JUL 10 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/05)