

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F97060002123

## 1. Corporation Name

Phoenix Group Services, Inc.

## 2. Principal Office Address

100 Bright Meadow Blvd.

Suite, Apt. #, etc.

City &amp; State

Enfield, CT

Zip

06083

Country

USA

## 3. Mailing Office Address

Same

Suite, Apt. #, etc.

City &amp; State

REINSTATEMENT 2000-01

4. Date Incorporated or Qualified  
To Do Business in Florida

04-22-97

## 5. FEI Number

06-1435452

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

CT 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 807.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Amy Berteletti

SPECIAL ASSISTANT SECRETARY

Date

1/5/00

REGISTERED AGENT MUST SIGN

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|--------|--------------------------------------|---------------------------------------------------|-----------------------|
|        | See attached                         |                                                   | 900003556268-4        |
|        |                                      |                                                   | -01/22/01--01004--003 |
|        |                                      |                                                   | ****900.00 ****900.00 |
|        |                                      |                                                   |                       |
|        |                                      |                                                   |                       |
|        |                                      |                                                   |                       |
|        |                                      |                                                   |                       |

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 under section 119.07(3)(i), 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

Date

1/3/01 860-403-7313

Daytime Phone