L01000002694

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APPROVED AND FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2002-2003

DOCUMENT # L01000002694

1. Limited Liability Company's Name
Phoenix Restructuring Group, LLC

2. Principal Office Address		3. Mailing Office Address	
5215 N. Lois Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tampa, FL		City & State	
Zip: 33614	Country: Hillsborough	Zip	Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: February 20, 2001

6. FEI Number: 65-1076428 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name	Mitchell I. Horowitz, Esq.
Street Address (P.O. Box Number is Not Acceptable)	501 E. Kennedy Blvd.
Suite, Apt. #, Etc.	Suite 1700
City	Tampa
State	FL
Zip Code	33602

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [signature] REGISTERED AGENT MUST SIGN Date 4/15/03

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Jay L. Jasperson	5215 N. Lois Ave.	Tampa, FL 33614
MGR	Mark D. Jasperson	5215 N. Lois Ave.	Tampa, FL 33614

JB

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [signature] Date 4/15/03 Daytime Phone # 813-891-6706

Typed or printed name of signing Managing Member/Manager JAY L. JASPERSON

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Florida Department of State
Division of Corporations
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Steve Cereta
firm

LIMITED LIABILITY REINSTATEMENT

PHOENIX RESTRUCTURING GROUP, LLC

Certificate of Status	1
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