

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
Jimmie J. ...
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 30 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000011426

Name and Mailing Address

0004325 01 FP 0.352 **PRSR T3 0 0615 33433-717903



PHOENIX CAPITAL INVESTMENTS LLC
23060 AQUAVIEW
SUITE # 3
BOCA RATON FL 33433-7179



US

2. New Mailing Address

148 E. Boca Raton Road
City, State, Zip
Boca Raton, FL 33432

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/13/2001

Principal Place of Business

23060 AQUAVIEW
SUITE # 3
BOCA RATON FL 33433
US

3. New Principal Place of Business Address

148 E. Boca Raton Road
City, State, Zip
Boca Raton, FL 33432

6. FEI Number

65-1136169

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

BUICO, CONSTANCE E
23060 AQUAVIEW
SUITE # 3
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

REGISTERED AGENT MUST SIGN

Date 12/3/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BUICO, CONSTANCE E	23060-3, AQUAVIEW	BOCA RATON FL 33433

900009982799

01/09/03--01029--016 **200.00

REINSTATEMENT

2002-2013 1/31/08

12. 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

Date

12/3/02

Daytime Phone #

561-447-0388

Typed or printed name of signing Managing Member/Manager