

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 SEP -11 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 101000018925

1. Limited Liability Company's Name

Phoenix 1 Group, LLC.

700023022587  
09/12/03--01065--001 \*\*205.00

2. Principal Office Address

2803 Worcester Road  
Suite, Apt. #, etc.

3. Mailing Office Address

2803 Worcester Road  
Suite, Apt. #, etc.

City & State

Lantana, Florida

City & State

Lantana, Florida

Zip

33462

Country

USA

Zip

33462

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida

11/01/01

6. FEI Number

65-1149701

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

John Patrick Simpson

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

2803 Worcester Road

Suite, Apt. #, Etc.

City

Lantana

State

FL

Zip Code

33462

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

John Patrick Simpson  
REGISTERED AGENT MUST SIGN

Date 9/10/03

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
<u>President</u> <u>MG/AM</u>	<u>John Patrick Simpson</u>	<u>2803 Worcester Road</u> <u>Lantana, Florida 33462</u>	<u>Lantana, FL 33462</u>

**REINSTATEMENT** 02-03

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

John Patrick Simpson

Date

9/10/03

Daytime Phone #

561.436.5301

Typed or printed name of signing Managing Member/Manager

John Patrick Simpson

CR2E041 (10/02)