

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

15 JUN 30 2015 8:47

LETTER ASSESSMENT

DOCUMENT # **L04000087250**

1. Limited Liability Company's Name

PHOENIX INTERNATIONAL VENTURES LLC

2. Principal Office Address - No P.O. Box #

250NW 23ST

Suite, Apt. #, etc.

LOFT 409

City & State

MIAMI, FLORIDA

Zip

33127

Country

USA

3. Mailing Office Address

250NW 23ST

Suite, Apt. #, etc.

LOFT 409

City & State

MIAMI, FLORIDA

Zip

33127

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 03 DECEMBER 2004

6. FEI Number

80-0665879

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

Your Capital Connection, Inc.

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

417 E. Virginia St. Ste 1.

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

600274539546  
06/30/15--01004--004 \*\*243.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

Seth Neeley for Your Capital Connection, Inc.

Date 06/29/2015

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	INTERNATIONAL ART INSIGHTS LLC	250NW 23ST, LOFT 409	MIAMI / FLORIDA / 33127

11. E-mail Address: PA@AWG.COM.MT

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 28 JUN 2015

Daytime Phone #

+356 79924747

Typed or printed name of signing authorized representative/member

CHRISTOPHER APAP, MANAGER - INTERNATIONAL ART INSIGHTS LLC

K. ASHTON