

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

09 OCT 14 AM 8:34

DOCUMENT #

1. Limited Liability Company's Name

Phoenix Partners of Florida, LLC

REINSTATEMENT 2008-09 Jan

CR2E041 (10/08)

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

888 S.E. 3rd Avenue

Suite, Apt. #, etc.

Suite 501

City & State

Fort Lauderdale, Florida

Zip

33316

Country

USA

3. Mailing Office Address

P.O. Box 292037

Suite, Apt. #, etc.

City & State

Davie, Florida

Zip

33329

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida 05/03/2007

6. FEI Number

☒ 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

M. Austin Forman

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

888 S.E. 3rd Avenue

Suite, Apt. #, Etc.

Suite 501

City

Fort Lauderdale, Florida

State

FL

Zip Code

33316

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Date October 5, 2009

REGISTERED AGENT MUST SIGN

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	M. Austin Forman	888 S.E. 3rd Avenue	Fort Lauderdale, Florida, 33316

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

Date 10/05/09

Daytime Phone # 954-581-1220

Typed or printed name of signing Managing Member/Manager M. Austin Forman