

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 AUG 18 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M63783**

1. Corporation Name

Phoenix Technologies, Inc.

Principal Place of Business

Mailing Address

c/o 3225 Aviation Ave.
4th Floor
Miami, Florida 33133

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida **12/17/87**

Suite, Apt. #, etc.

Suite, Apt. #, etc.
4th Floor

5. FEI Number

65-0029732

Applied For

Not Applicable

City & State

City & State
Miami

Zip

Country

Zip
33133

Country
USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D,P	Juan M. Portuondo	3225 Aviation Ave., 4th Fl.	Miami FL 33133
			100002272311--7 -08/20/97--01069--007 ****750.00 ****750.00
			100002272311--7 -08/20/97--01069--008 ****165.00 ****165.00
			REINSTATEMENT 96-97 <i>a. Warner</i> 8/18/97

8. Name and Address of Current Registered Agent

National Corporate Research, Ltd.
1406 Hays Street, Suite 12
Tallahassee FL 32301

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, Etc.
City
State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

a. Warner, Asst. Sec.
REGISTERED AGENT MUST SIGN

Date **5/28/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-97

(305) 854-2229

Date Daytime Phone #

CFR2000 (12/95)