

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT #

M990000001483

1. Limited Liability Company's Name

PHOENIX CREDIT SOLUTIONS, L.L.C.

2. Principal Office Address

53 Century Boulevard

3. Mailing Office Address

53 Century Boulevard

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Nashville, TN

City & State

Nashville, TN

Zip

37214

Country

USA

Zip

37214

Country

USA

REINSTATEMENT 2000

4. State/Country of Formation

Tennessee

**5. Date Organized or Qualified
To Do Business in Florida**

09/22/00

6. FEI Number

62 - 1756524

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

James M. Halpin

James M. Halpin
Assistant Secretary

Date 10/28/00

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	Mitchell C. Kahn	53 Century Boulevard Suite 200	Nashville, TN 37214
MGR	Ronald G. Barnes	53 Century Boulevard Suite 200	Nashville, TN 37214
MGR	Kevin A. Norman	53 Century Boulevard Suite 200	Nashville, TN 37214

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

Mitchell C. Kahn

Date 11/3/00

Daytime Phone# (615) 232 - 9223

Typed or printed name of signing Managing Member/Manager

Mitchell C. Kahn

CR2E041 (9/00)