

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

01 DEC -3 AM 10:18

DOCUMENT # **1199000001483**

1. Limited Liability Company's Name

Phoenix Credit Solutions L.L.C.

800004717588--2

-12/11/01--01004--013

\*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address

53 Century Blvd.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 200

City & State

City & State

Nashville TN

Zip

Country

Zip

Country

37214

USA

4. State/Country of Formation

5. Date Organized or Qualified  
to Do Business in Florida

OCTOBER 1998

6. FEI Number

62-1756524

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 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

PETER F. SOUZA

ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10/29/01

**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
MGRM	MITCHELL KAHN	53 Century Blvd, STE 200	Nashville TN 37214
MGRM	RONALD BARNES	53 Century Blvd, STE 200	Nashville TN 37214
MGRM	KEVIN NORMAN	53 Century Blvd, STE 200	Nashville TN 37214

**REINSTATEMENT 2001**

Rein 100

DBR 50

150 nc

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 all fees and 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 11-29-01

Daytime Phone # 615-232-9223

Typed or printed name of signing Managing Member/Manager

RONALD G. BARNES