

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 SEP -3 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 000000006672

1. Corporation Name  
THE PHOENIX MORTGAGE GROUP, INC.

2. Principal Office Address 121 S. MYRTLE AVE  
Suite, Apt. #, etc.

3. Mailing Office Address 229 CHEROKEE ST  
Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FLORIDA  
Zip 32204 Country AMERICA

City & State  
JACKSONVILLE, Fla.  
Zip 32254 Country AMERICA

4. Date Incorporated or Qualified To Do Business in Florida YR OF 2000

5. FEI Number 59-3623894  
Applied For  Not Applicable

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

500040825875  
09/03/04--01074--003 \*\*450.00 02-01

**7. Name and Address of Current Registered Agent**

Name ALVIN R. WILLIAMS

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

Suite, Apt. #, Etc.

City JACKSONVILLE, Florida State FL Zip Code 32254

**REINSTATEMENT**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ALVIN R. WILLIAMS	121 S. MYRTLE AVE	JAX, Fla. 32204

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E061 (01/04)

35