

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 17 PM 4:00

DOCUMENT # **P00000024685**

1. Corporation Name

PHENOM, INC.

2. Principal Office Address

3602 MACARTHUR DR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

SAME

Zip

32806

Country

US

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

3/10/2000

5. FEI Number

59-3632461

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES F. CRAIG

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

3602 MACARTHUR DR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32806

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/13/01

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
Pres	JAMES F. CRAIG	3602 MACARTHUR DR	ORLANDO, FL 32806

AD

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

12/13/01 (407) 854 7118

Daytime Phone #

Phenom, Inc.

3602 MacArthur Drive / Orlando, FL 32806

2

December 13, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I have recently realized that the corporation, Phenom, Inc., has been put in inactive status by the State. I called the Florida Division of Corporations and was instructed to send these documents with a check and letter explaining the reason for not filing.

Phenom, Inc. moved from its offices on record within the last year and the mail had continued to go the previous location. We didn't receive the letters to file and would like to have the address officially changed to

Phenom, Inc

3602 Macarthur Drive

Orlando, FL 32806

Thank you for your help in resolving this problem.

Sincerely,



James F Cragg
President
Phenom, Inc.