

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000116500

1. Corporation Name

PHOENIX NETWORK SOLUTIONS, INC

2. Principal Office Address - No P.O. Box #  
4000 Hollywood Blvd

Suite, Apt. #, etc.  
370 North

City & State  
HOLLYWOOD, FL

Zip  
33021

Country  
USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

CR2E081 (1/07)

06-07

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
65-1064509

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
AQUILES A SALFATTE

Street Address (P.O. Box Number is Not Acceptable)  
4000 HOLLYWOOD BLVD

Suite, Apt. #, Etc.  
370 North

City  
HOLLYWOOD

State  
FL

Zip Code  
33021

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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	AQUILES A SALFATTE	4000 Hollywood Blvd 370N	HOLLYWOOD, FL 33021

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 contained in Chapter 119, 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:

*Aquiles A Salfatte*

AQUILES A SALFATTE

Director 10-25-2007 954-889-3376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #