

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 JAN 23 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 0506



1122006 REIN-P CR2E098 (11/05) --

DOCUMENT # P01000053843

1. Entity Name
PHOENIX GROUP, INC.



Principal Place of Business

P.O. BOX 585
OLDSMAR, FL 34677

Mailing Address

P.O. BOX 585
OLDSMAR, FL 34677

2. Principal Place of Business

2528 SW 32nd ST

3. Mailing Address

P.O. Box 101302

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FLORIDA

City & State

CAPE CORAL, FL.

4. FEI Number

59-3734485

Applied For

Not Applicable

Zip

33914

Country

LEE

Zip

33910

Country

LEE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, EDWARD J JR
31177 US HWY 19 N #1105
PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent

Name EDWARD J. WILSON JR

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

2528 SW 32nd ST.

City CAPE CORAL

FL

Zip Code
33914

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Edward J. Wilson Jr

(NOTE: Registered Agent signature required when reinstating)

1/17/06

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME WILSON, EDWARD J JR
STREET ADDRESS P.O. BOX 585
CITY-ST-ZIP OLDSMAR, FL 34677 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME EDWARD J. WILSON JR.
STREET ADDRESS P.O. Box 101302
CITY-ST-ZIP CAPE CORAL, FL. 33910 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward J. Wilson Jr EDWARD J. WILSON JR President

1/17/06

Date

X 339-541-2741

Daytime Phone #