

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -6 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000103852

1. Corporation Name

PHOENIX DIVERSIFIED INVESTMENT CORP.

Principal Place of Business

Mailing Address

~~2641 GATELY DR. W., SUITE 1803~~

~~2641 GATELY DR. W., SUITE 1803~~

~~W. PALM BCH FL 33415~~

~~W. PALM BCH FL 33415~~

22787 ORCHID Island Dr  
Boca Raton, FL 33428

22787 ORCHID Island Dr  
Boca Raton FL 33428

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

22787 ORCHID Island Dr.  
Suite, Apt. #, etc.

22787 ORCHID Island Dr.  
Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33428

Country

USA

Zip

33428

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/25/2001

5. FEI Number

22-3835432

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

D

HILDEBRAND, LORRAINE

2641 GATELY DR. W., SUITE 1803

W. PALM BCH FL 33415

400009873924

01/06/03--01070--007 \*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HILDEBRAND, LORRAINE

2641 GATELY DR. W., SUITE 1803

W. PALM BCH FL 33415

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

Lorraine Hildebrand

REGISTERED AGENT MUST SIGN

Date

12/30/02

11. 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:

Lorraine Hildebrand

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lorraine

Hildebrand, pres

Date

12/30/02

Daytime Phone #

561-504-3600

CR2E040 (8/02)

**PHOENIX DIVERSIFIED  
INVESTMENT CORP.**

22787 Orchid Island Drive  
Boca Raton, FL 33428  
561-504-3600

January 3, 2003

Florida Department of State  
Div. Of Corporations  
Tallahassee, FL 32314

To whom it may concern,

Please allow us to forgo the penalty for reinstatement. Our address had changed and the paperwork was never forwarded. Enclosed is \$300.00 for the years 2002 and 2003.

Sincerely,

A handwritten signature in cursive script that reads "Lorraine Hildebrand".

Lorraine Hildebrand, President