

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 2:49

DOCUMENT # P01000112901

1. Corporation Name

PHOENIX INTERNATIONAL ENTERPRISES, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
400009200624  
11/25/02--01045--015 \*\*750.00

Principal Place of Business

1440 SWEETBAY WAY  
HOLLYWOOD FL 33019

Mailing Address

1440 SWEETBAY WAY  
HOLLYWOOD FL 33019



REINSTATEMENT

02

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

2. New Principal Office Address, If Applicable

~~3816 NE 13th Ave~~

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/28/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

~~FT LAUDERDALE~~

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip Country

Zip Country

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LOCK, JOHN H	42654 ADDISON	ANTIOCH IL 60002
STD	FRANCISCO ROCHA, CESAR	1440 SWEETBAY WAY	HOLLYWOOD FL 33019

8. Name and Address of Current Registered Agent

BLACKE, LAWRENCE E  
3326 NE 33 ST  
FT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

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

*Lawrence E. Blacke*  
REGISTERED AGENT MUST SIGN

Date

11-15-02

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:

*John H. Lock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-15-02

Daytime Phone #

954-232-8000

CR2E040 (8/02)