

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000026410

1. Entity Name  
PHOENIX SALES & MARKETING CONSULTANTS, INC.



FILED

07 NOV -8 AM 9:56

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

Principal Place of Business  
624 EDGEWATER DRIVE  
PENSACOLA, FL 32507

Mailing Address  
P.O. BOX 17892  
PENSACOLA, FL 32522



2. Principal Place of Business - No P.O. Box #

4300 Bayou Blvd

3. Mailing Address

5 PAPAGO CIRCLE

Suite, Apt. #, etc.

33

Suite, Apt. #, etc.

10312007

REIN-P

CR2E098 (1/07)

City & State

PENSACOLA, FL

City & State

PENSACOLA FL

4. FEI Number

61-4784256

Applied For

Not Applicable

Zip

32503

Country

ESCAMBIA

Zip

32507

Country

ESCAMBIA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PANT, TREVOR A.  
624 EDGEWATER DRIVE  
PENSACOLA, FL 32507

7. Name and Address of New Registered Agent

Name

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

5 PAPAGO CIRCLE

PENSACOLA

City

FL

Zip Code

32507

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$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 PS ☐ Delete  
NAME PANT, TREVOR A.  
STREET ADDRESS 624 EDGEWATER DRIVE  
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE VPT ☐ Delete  
NAME PANT, LASHAWN Q.  
STREET ADDRESS 624 EDGEWATER DRIVE  
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5 PAPAGO CIRCLE  
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5 PAPAGO CIRCLE  
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500112050869  
CITY-ST-ZIP 11/07/07--01003--004 \*\*150.00

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

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

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

REINSTATEMENT

07 2008

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-31-07

554-8714