

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 SEP 27 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P31776

1. Corporation Name

Phoenix Restaurant Group, Inc.

100004623891--0
-10/04/01--01068--007
****758.75 ****758.75

2. Principal Office Address

1210 Briarville Road

3. Mailing Office Address

1210 Briarville Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Madison, TN

City & State

Madison, TN

Zip

37115

Country

USA

Zip

37115

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

January 14, 1990

5. FEI Number

581861457

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2001

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33324

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 BY:

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 9/27/01

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
C/CEO	Robert M. Langford	1210 Briarville Road	Madison, TN 37115
P	W. Craig Barber	1210 Briarville Road	Madison, TN 37115
CAO/S/ SVP	Betty J. Marshall	1210 Briarville Road	Madison, TN 37115
COO	Robert Speck	1210 Briarville Road	Madison, TN 37115
CFO/S/ SVP	Jeffrey M. Pate	1210 Briarville Road	Madison, TN 37115
	SEE ATTACHED		

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 under section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey M. Pate
JEFFREY M. PATE, CFO

9/26/01
Date

615-277-1234

Daytime Phone #

CR2E081 (9/00)

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9. Names and Street Addresses of Each Officer and Director (Continued)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	William G. Cox	825 S. 48 th Street	Tempe, Arizona 85281
D	Robert J. Gentz	825 S. 48 th Street	Tempe, Arizona 85281
D	William J. Howard	7373 N. Scottsdale Road, Suite D-120	Scottsdale, Arizona 85253
D	Robert Manschot	3131 E. Camelback Road, Suite 200	Phoenix, Arizona 85016
D	Fred Martin	76 Kavenish Drive East	Rancho Mirage, California 92270