PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 OCT 19 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087378

1. Corporation Name
PHOENIX RISING PRODUCTIONS INC.

Principal Place of Business / Mailing Address
10815 CROSS SCHOOL ROAD
RESTON, VIRGINIA 20191

REINSTATEMENT 94-99

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 01-01-94

5. FEI Number: 65-0459058 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES. SEC. TREAS	PHYLLIS HORNE	10815 CROSS SCHOOL ROAD	RESTON, VA. 20191

500003026505--7
-10/27/99--01073--001
***1500.00 ***1500.00

LS

8. Name and Address of Current Registered Agent

JOSEPH A. MCKEEL
1201 U.S. HIGHWAY ONE
SUITE 250 N.
NO. PALM BEACH, FLORIDA

9. Name and Address of New Registered Agent

Name: ROGER L. MILLER
Street Address (P.O. Box Number is Not Acceptable): 5125 CASTELLO DRIVE
Suite, Apt. #, Etc.:
City: NAPLES State: FL Zip Code: 34103

CR2E081 (12/98)

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.

Signature of Registered Agent: Roger L. Miller — Date: 09-14-99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: [signature] — 10/8/99 Date — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR