

P.95000050144

FILED  
95 JUN 27 PM 3:23  
SEC  
TOLSON

LAZARUS CORPORATE INDUSTRIES, INC.  
(Requestor's Name)

890 S.W. 87 AVENUE, SUITE: 16  
(Address)

MIAMI, FLORIDA 33174 (305)552-5973  
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE  
(904)385-6715

OFFICE USE ONLY

800001526178  
-06/28/95--01082--008  
\*\*\*\*122.50 \*\*\*\*122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. PHOENIX MFG INC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

N. HENDRICKS JUN 27 1995

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

June 26, 1995

LAZARUS

TALLAHASSEE, FL

SUBJECT: PHOENIX MFG INC.  
Ref. Number: W95000012974

We have received your document for PHOENIX MFG INC. and check(s) totaling \$122.50. However, your check(s) and document are being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6903.

Nancy Hendricks  
Corporate Specialist

Letter Number: 595A00031196

# ARTICLES OF INCORPORATION

PHOENIX SEWING INC.

*The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

## ARTICLE I NAME

The name of the corporation shall be:

PHOENIX SEWING INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

961 W. 37 Terr  
Hialeah FL 33012

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Juana E. Valtuille  
961 W 37 Terr.  
Hialeah FL 33012

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Juana E. Valtuille  
961 W. 37 Terr.  
Hialeah FL 33012

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22 day of June, 1995.

Juana Elsa Valtuille  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35**

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: PHOENIX SEWING INC.

2. The name and address of the registered agent and office is:

Jana E. Valtuille

(Name)

961 W. 37 Terr.

(P.O. Box ~~not~~ acceptable)

Hialeah FL 33012

(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Jana E. Valtuille  
(Signature)

6/22/95  
(Date)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1996 OCT 22 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PC300000144

1 Corporation Name

Phoenix Sewing Inc.

Principal Place of Business

Mailing Address

15317 SW 53st  
MIAMI FL 33185

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

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, if Applicable

3 New Mailing Address, if Applicable

4 Data Incorporated or Qualified  
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5 FEI Number

Applied For

City & State

City & State

65-0597286

Not Applicable

Zip

Country

Zip

Country

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
P	Juana E. Valtuille	15317 SW 53st	MIAMI FL 33185

500001984655--4

-10/24/96--01011--005

\*\*\*\*383.75 \*\*\*\*383.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Juana E Valtuille  
15317 SW 53st  
MIAMI FL 33185

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Juana E. Valtuille  
REGISTERED AGENT MUST SIGN

Date 10-18-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Juana E. Valtuille

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-96

Date

Daytime Phone #

## DEBIT MEMORANDUM

000085

FOR OFFICIAL USE

DATE

NUMBER

TO :

DEPARTMENT

DATE

STATE OF FLORIDA  
OFFICE OF STATE TREASURER  
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	1,998.75	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	1,998.75	OTHER	4

CROSS  
REF

DISTRIBUTION

SAMAS CODE

REASON

AMOUNT

12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	2	375.00
12	45-20-2-130001-45300000-00-000100-00	4	375.00
12	45-20-2-130001-45300000-00-000100-00	1	375.00
12	45-20-2-130001-45300000-00-000100-00	1	383.75

GRAND TOTAL:

\$ 1,998.75

State Treasurer

Process Date: 11/06/96

The above named fund(s) has been reduced by the amount of  
this check(s) under authority of Section 215.34, F.S.

PRESENTED BY

0246

**PAY TO THE  
ORDER OF**

Sec 1 - ago 30 = 35 ake Oct 31 1976

I have the direct evidence of the

**DOUGLAS**

**OCEAN**  
THE 25TH ANN.

**OCEAN PARK 3**  
THE 150TH STREET

**WILLIAM FLORENCE SMITH**

**FOR**

066011392; 0303123642119 024E "0000038375"

FEDERAL RESERVE BANK REGULATION CC

20/001/203 020

01000

060000102

DEPT 1

BK

20

01000

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446606104

050533334 44-01-56

BARNETT SPL

BARNETT

10-25 JAX

0000000000

DEPT OF STATE 4500453  
FOR DEPOSIT ONLY  
10/24/96--01011--005  
\*\*\*\*\*383.75  
SIGN / WRITE / STAMP BELOW THIS LINE  
FINANCIAL INSTITUTIONS ONLY

ENDORSE HERE:



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

November 22, 1996

Phoenix Sewing Inc.  
15317 SW 53rd St.  
Miami, FL 33185

**SUBJECT: PHOENIX SEWING INC.**  
Ref. Number: P95000050144

Debit Memo #: 71741-H

This is to inform you that your check #0246 dated October 18, 1996 in the amount of \$383.75 and submitted for PHOENIX SEWING INC. has been returned to us by your bank because of Insufficient Funds.

We request that you remit a cashier's check or money order in amount of \$402.94 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations  
Attn: Melinda Lilliston  
P.O. Box 6327  
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call  
(904) 487-6900.

Sincerely,  
Melinda Lilliston  
Administrative Assistant I  
Division of Corporations

Letter number: 996A00053205



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

December 31, 1996

Phoenix Sewing Inc.  
15317 SW 53rd St.  
Miami, FL 33185

**SUBJECT: PHOENIX SEWING INC.**  
Ref. Number: P95000050144

Debit Memo #: 71741-H

Due to your failure to respond to our previous letter advising you of the returned check #0246, the Reinstatement for PHOENIX SEWING INC. has been cancelled and is considered not filed as of December 30, 1996.

The status of your corporation has now reverted to its previous status of administratively dissolved or revoked.

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely  
Melinda Lilliston  
Administrative Assistant I  
Division of Corporations

Letter number: 796A00057813