

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 JAN 22 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000007871

1. Corporation Name

PHOENIX REAL ESTATE INVESTMENT GROUP, INC.

Principal Place of Business

31 E. COMMERCIAL BLVD.
FT. LAUDERDALE

Mailing Address

907 N FEDERAL HIGHWAY
BOYNTON BEACH FL 33435
US



REINSTATEMENT 00-01

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0744810

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	Giacomino, Matthew	907 N FEDERAL HIGHWAY	BOYNTON BEACH FL 33435
P	Giacomino, Matthew	907 N FEDERAL HIGHWAY	BOYNTON BEACH FL 33435
ST	Giacomino, Matthew, Jr.	907 N Federal Highway	Boynton Beach, FL 33435
			000003602880--1
			01/30/01-01130-020
			***900.00 ***900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Matthew Giacomino

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

907 N Federal Highway

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33435

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

Matthew Giacomino
REGISTERED AGENT MUST SIGN

Date

1/19/01

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:

Matthew Giacomino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/01

Daytime Phone #

561-

361-5438

CR2E040 (8/00)