

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 SEP 14 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000010793

1. Corporation Name

PHOENIX CONSTRUCTION ASSOCIATES, INC

[Signature]

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-10/09/00--01007--008
****300.00 ****300.00

2. Principal Office Address

5761 NW 37 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

5761 NW 37 Ave

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33142

Country

City & State

MIAMI, FL

Zip

33133

Country

REINSTATEMENT 99-00

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

1998

5. FEI Number

65-0811375

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSEPH A PEREIRA JR

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

10300 SW 72 ST.

Suite, Apt. #, Etc.

470C

City

MIAMI

State

FL

Zip Code

33173

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

Joseph A. Pereira Jr.
REGISTERED AGENT MUST SIGN

Date

9/12/00

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
PSTD	CHARLES ARSLAN	2219 SW 27 TERR	MIAMI, FL 33133

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)(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:

Charles Arslan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES ARSLAN

Date

9/13/00

Daytime Phone #

786-367-3227