

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 12 PM 6:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000010793

1. Corporation Name

PHOENIX CONSTRUCTION ASSOCIATES, INC.

Principal Place of Business

13105 NW LEJUNE RD  
MIAMI FL 33054

Mailing Address

13105 NW LEJUNE RD  
MIAMI FL 33054

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/03/1998

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. 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	4 City / State / Zip
PSTD	ARSLAN, CHARLES	2325 LINCOLN AVE	MIAMI FL 33133

700008939027

11/12/02--01091--027 \*\*750.00

8. Name and Address of Current Registered Agent

PEREIRA, JOSEPH A JR  
10300 SW 72 ST  
#470C  
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name

Arslan, Charles III

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

2325 Lincoln Ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/6/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/02

Date

305-986-6774

Daytime Phone #