

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

03 JAN -6 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000025451

1. Corporation Name

FENIX GROUP REPS, INC

2. Principal Office Address

1965 NE 135th St.

Suite, Apt. #, etc.

100

City & State

North Miami

Zip

33181

Country

USA

3. Mailing Office Address

1965 NE 135th St.

Suite, Apt. #, etc.

100

City & State

North Miami

Zip

33181

Country

USA

REINSTATEMENT 02

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

March 18, 1998

5. FEI Number

95-4737496

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

Mr. Patricio Suarez

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

11774 SW 92 Terrace

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33186

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

REGISTERED AGENT MUST SIGN

Date October 26, 2002

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
PD	Patricio Suarez	11774 SW 92 Terrace	Miami FL 33186
ST	Amalia Suarez	11774 SW 92 Terrace	Miami FL 33186
D	Gabriela Suarez	11774 SW 92 Terrace	Miami FL 33186

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIO SUAREZ

Date

Oct 26 2002

Daytime Phone #

305-5887171

CR2E081 (9/01)