


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/22

| | | | |
|---|-------------------|---|-------------------|
| CORPORATION REINSTATEMENT  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P99000071623 1. Corporation Name Pheonix Investment Management, Inc. | | | |
| 2. Principal Office Address 2400 East Commerical Blvd. | | 3. Mailing Office Address 2400 E. Commercial Blvd. | |
| Suite, Apt. #, etc. Suite 719 | | Suite, Apt. #, etc. Suite 719 | |
| City & State Ft. Lauderdale, Florida | | City & State Ft. Lauderdale, Florida | |
| Zip 33308 | Country U.S.A. | Zip 33308 | Country U.S.A. |

FILED
 01 NOV 21 PM 4: 36
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

11/31/01 09240 001-45078

| | |
|---|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 08-11-99 | |
| 5. FEI Number 65-0940462 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| 7. Name and Address of Current Registered Agent | | |
|--|-------------|-------------------|
| Name Michael Burnick | | |
| Street Address (P.O. Box Number is Not Acceptable) 2400 East Commercial Blvd. | | |
| Suite, Apt. #, Etc. Suite 719 | | |
| City Ft. Lauderdale | State FL | Zip Code 33308 |

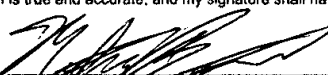
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

| 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 |
| D, P | Michael Burnick | 2400 East Commercial Blvd. | Ft. Lauderdale, FL 33308 |
| | | | |
| | | | |
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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:  11/15/01 (954) 489-4797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Michael Burnick, President

CR2E081 (9/00)

PHEONIX INVESTMENT MANAGEMENT, INC.
2400 East Commercial Blvd., Suite 719
Fort Lauderdale, Florida 33308

2012

Department of State
Division of Corporations
Attn: Corporation Reinstatement
P.O. Box 6327
Tallahassee, Florida 32314

RE: Pheonix Investment Management, Inc. (the "Corporation")
Document No.: P99000071623

Dear Sir or Madam:

Please accept and file the enclosed executed Corporation Reinstatement form for the above-referenced Corporation. The 2001 Uniform Business Report rejection letter or any other correspondence from the Secretary of State was not received at the Corporation's principal/ mailing address; therefore, please waive the reinstatement fee and costs.

Should you have any questions regarding the enclosed, please do not hesitate to contact me at the following number (954) 489-4797.

Thank you in advance for your assistance.

Very truly yours,



Michael Burnick, President