Alana a		
PLEASE READ A	ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM
FI ORIDA DEPARTMENT OF OTATE		7 FILED
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	05 NOV -1 PM 5: 35
No. of the last of		SECRETARY OF STATE
DOCUMENT # P 99000081610  1. Corporation Name		100051085171 11/01/0501064007 **8.75
PHOENIX JR. INC.		100061085171 11/01/0501064006 **150.00
		100061085171 11/01/0501064005 **150.00
2. Principal Office Address 186BAYSDE DRIVE	186 BAYSIDE DRIVE	DEINOTA PRESSION.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	A Date incompared as Challed
City & State  CLEARWATER, FL.	CLEARWATER, FL	To Do Business in Florida Sept 1999  5. FEI Number Applied For
Zip Country	Zip Country	59-359-8300 Not Applicable
33767	<sup>Zip</sup> 33767 Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name		
DUSHYANT GULATI		
Street Address (P.O. Box Number is Not Acceptable) 1868AYSIDE DRIVE		
Suite, Apt. #, Etc.		
CITY CLEARWATER		State Zip Code FL 33767
8. 1, 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 Out 26th, 2005 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 Eac Officer and/or Direct	
P - DUSHYANT KG	ULATI 186 BAYSIDED	RIVE CLEARWATER, FL33767
10. I certify that I am an officer or director or the recei	ver 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.		
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

October 26, 2005

Attention: Reinstatement Division

Department of State Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

RE:

Phoenix Jr. Inc. (P99000081610)

Dear Sir/Madam:

During a recent title insurance search, I came to know that Phoenix Jr. Inc. has been administratively dissolved for failure to file an annual report for year 2004.

This is to certify that I did not receive any forms for years 2004 or 2005. During a telephone inquiry with your office today, I was informed that it is likely that the forms were mailed to the old Tampa address. That has not been our principal address for more than two years.

I would greatly appreciate it, if you could kindly waive the \$ 600.00, reinstatement fee.

The completed forms and a payment of \$ 300 for years 2004 and 2005 are enclosed.

Please reinstate Phoenix Jr. Inc., at your earliest convenience.

Thank you in advance.

Sincerely,

Dushyant K. Gulati

President