

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
FILED

03 MAY -1 AM 6:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** 561286

**1. Corporation Name**  
R.F. Porter and Associates, Inc.

**2. Principal Office Address**  
75 Konrad Crescent  
Suite, Apt. #, etc.  
Unit D  
City & State  
Maitlam, Ont  
Zip  
L3R 8T8 Country  
Canada

**3. Mailing Office Address**  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

200016675992  
04/22/03--01072--002 \*\*1058.75  
**REINSTATEMENT 01-03**

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

**5. FEI Number** 59-1900390  
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 Erik H. Petersen  
Street Address (P.O. Box Number is Not Acceptable)  
2801-G-Estero Blvd.  
Suite, Apt. #, Etc.  
City Fort Myers Beach  
State FL Zip Code 33931-3530

**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 *Erik Petersen*  
Date 4-18-03  
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
P	Reginald Porter	75 Konrad Crescent	Maitlam, Ont Canada L3R 8T8
V	Mait Porter	Same	
S	Jean Porter	Same	

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 4/14/03 9059404131  
Daytime Phone #

CR2E081 (10/02)