

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 384225 (9)

1. Corporation Name

PORTOFINO CENTER, INC.

Principal Place of Business

Mailing Address

2351 W. FLAGLER STREET
MIAMI, FLORIDA 33135

2351 W. FLAGLER ST.
MIAMI, FLORIDA 33135

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida
6/22/1971

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1401010

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	RODRIGUEZ, MARIO J.	939 SW 87 AVENUE	MIAMI, FLORIDA
TD	O'DELL, ANA	19141 ROYAL BIRKDALE DR	MIAMI, FLORIDA 33015
			200003009232--2 -10/07/99--01088--006 ***900.00 ***900.00

REINSTATEMENT 9899 ITS

8. Name and Address of Current Registered Agent

SERGIO VIDAL
2351 W. FLAGLER STREET
MIAMI, FLORIDA 33135

9. Name and Address of New Registered Agent

Name

ANA O'DELL

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

2351 W. FLAGLER STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33135

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.

Signature of
Registered Agent

Ana O'Dell

REGISTERED AGENT MUST SIGN

Date 9/27/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Ana O'Dell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/99 (305)649-5700

Date

Daytime Phone #

CR2001 (1/2/98)