

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 453706

1. Corporation Name

PORTS OF CALL, INC.

9992

Principal Place of Business

400 S. DIXIE HWY SUITE 100  
BOCA RATON FL 33432

Mailing Address

400 S. DIXIE HWY SUITE 100  
BOCA RATON FL 33432

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/27/1974

5. FEI Number

59-1531403

Applied For

Not Applicable

6. 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	4 City / State / Zip
DSP	KONICOFF, DORIS	250 S OCEAN BLVD APT 15H	BOCA RATON FL
D	KONICOFF, DONALD	250 S OCEAN BLVD APT 15H	BOCA RATON FL

500003029589-4  
-10/29/99--01081--003  
\*\*\*\*150.00 \*\*\*\*150.00

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KONICOFF, DORIS  
250 S. OCEAN BLVD.  
BOCA RATON FL 33432

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Donald Konicoff*  
REGISTERED AGENT MUST SIGN

Date 13 Oct 99

11. 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

*Donald E Konicoff*

13 Oct 99

Date

(561) 368-0124

Daytime Phone

## Alan Rothberg & Associates, P.A.

Certified Public Accountants

Members: American Institute of Certified Public Accountants  
Florida Institute of Certified Public Accountants

Alan L. Rothberg, CPA  
Jonathan R. Rublin, CPA  
Jeffrey S. Grossman, CPA, JD

3101 NORTH FEDERAL HIGHWAY, SUITE 302  
FORT LAUDERDALE, FLORIDA 33306  
TELEPHONE (954) 568-1590 • (561) 391-9762  
FAX (954) 568-1591

October 14, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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RE: Ports of Call, Inc.  
FEI: 59-1531403

Ladies/Gentlemen:

During the past year, Mrs. Konicoff suffered a tragic personal loss when her son, Lawrence Konicoff, passed away. Unfortunately, during this period of tremendous grief, the business and its responsibilities were neglected. Due to these unfortunate circumstances, the annual report was never filed.

Please accept the enclosed check in the amount of \$150 (the original filing fee) as payment in full for the reinstatement of Ports of Call, Inc.

Thank you in advance for your understanding and prompt attention to this matter.

If you should have any question, please do not hesitate to contact me.

Sincerely,



Alan Rothberg & Associates, P.A.  
Certified Public Accountants

cc: Mrs. Doris Konicoff