PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 DEC 22 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749201

1. Corporation Name

PORTOFINO ON THE INTERCOASTAL CONDOMINIUM ASSOC., INC.

Principal Place of Business	Mailing Address
FT. LAUDERDALE, FL. 33316 77 S. BIRCH RD.	77 S. BIRCH RD. FT. LAUDERDALE, FL 33316

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

REINSTATEMENT 98

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: OCT 4, 1979

5. FEI Number: 59-2346809 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	RICHARD GRAY -D	77 S. BIRCH RD. UNIT 4B	FT. LAUDERDALE, FL 33316
V/D	ALYSAN CHILDS -D	77 S. BIRCH RD. UNIT 3A	FT. LAUDERDALE, FL 33316
T/D	JIM McCONVILLE -D	77 S. BIRCH RD. UNIT 11B	FT. LAUDERDALE, FL. 33316

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8. Name and Address of Current Registered Agent

ON FILE

9. Name and Address of New Registered Agent

Name: RICHARD T. GRAY, PRESIDENT
Street Address (P.O. Box Number is Not Acceptable): 77 South Birch Road
Suite, Apt. #, Etc.: 4B
City: Fort Lauderdale
State: FL Zip Code: 33316

CR2E040 (1/98)

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: on file Richard T. Gray (REGISTERED AGENT MUST SIGN) Date: 12/19/98

11. This corporation owes or has paid 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #