

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 OCT 18 PM 5:16

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F12000000325

1. Corporation Name

Porter Corp.

2. Principal Office Address - No P.O. Box #

544 Chestnut Street

Suite, Apt. #, etc.

City & State

Chattanooga, TN

Zip

37402

Country

USA

3. Mailing Office Address

544 Chestnut Street

Suite, Apt. #, etc.

City & State

Chattanooga, TN

Zip

37402

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/2012

5. FEI Number

38-1751629

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
No

\$8.75 Additional Fee required
for a Certificate of Status

800319921769

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

James M. Halpin

Date 10/15/2018

REGISTERED AGENT MUST SIGN Assistant Secretary

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
Pres	Roger Posacki	544 Chestnut Street	Chattanooga, TN 37402
CFO	Richard Ruegger	544 Chestnut Street	Chattanooga, TN 37402
Dir	Roger Posacki	544 Chestnut Street	Chattanooga, TN 37402
Dir	Richard Ruegger	544 Chestnut Street	Chattanooga, TN 37402

OCT 18 2018

PA. WILLIAMS

10. E-mail Address: portercorp-tax@playcore.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/2018

Date

Daytime Phone #

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 10/18/2018
Acc#I20160000072

en: c DW

Name:	Porter Corp
Document #:	
Order #:	11208085

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 900

Thank you!

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TALLAHASSEE
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