

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 25 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J48730

1. Corporation Name

PORT DOUGLAS (FLORIDA), INC.

2. Principal Office Address

5441 NE 4th Avenue

3. Mailing Office Address

5441 NE 4th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale, FL

Fort Lauderdale, FL

Zip

33334

Country

USA

Zip

33334

Country

USA

4. Date Incorporated or Qualified Dec. 28, 1986
To Do Business in Florida

5. FEI Number

650048576

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

900004881299--5

-02/05/02--01079--016

***750.00 ***750.00

7. Name and Address of Current Registered Agent

Name

Gloria Von Stein

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

2913 Via Napoli

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33442

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-02/05/02--01079--017

***150.00 ***150.00

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

Gloria Von Stein
REGISTERED AGENT MUST SIGN

Date 12-26-01

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	Enrique Rojas	5441 NE 4th Avenue	Fort Lauderdale, Florida 33334
V	Luis Rojas	5441 NE 4th Avenue	Fort Lauderdale, Florida 33334

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:

Gloria Von Stein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-26-01

Daytime Phone #

954-360-7405

GLORIA VON STEIN

CRCE081 (9/01)