

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

96 NOV 18 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K27666

1. Corporation Name
PORTSIDE SERVICES, INC.

Principal Place of Business
1872 SW 29TH AVENUE (33312)
P.O. BOX 030171
FT. LAUDERDALE FL 33303

Mailing Address
1872 SW 29TH AVENUE (33312)
P.O. BOX 030171
FT. LAUDERDALE FL 33303



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 07/06/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0057853	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

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
PTD	NIELSEN, WILLIAM H.	1872 SW 29TH AVENUE	FT LAUDERDALE FL
SVD	NIELSEN, MARY ANN	1872 SW 29TH AVENUE	FT LAUDERDALE FL
			188802010861-8 -11/21/96-01033-005 ###383.75 ###383.75
			REINSTATEMENT 1996 G. Allen 1-18-96

8. Name and Address of Current Registered Agent HRAWG CORP. 2000 GLADES RD SUITE 400 BOCA RATON FL 33431		9. Name and Address of New Registered Agent Name: William H. NIELSEN Street Address (P.O. Box Number is Not Acceptable): 1872 S.W. 29 AVE City: FT. LAUDERDALE State: FL Zip Code: 33312	
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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: [Signature] REGISTERED AGENT MUST SIGN
Date: SEPTEMBER 23-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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] 9.23.96 954 739-0731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #