

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
10/27/97

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **K27666**

1. Corporation Name
PORTSIDE SERVICES, INC.

97AR

97 OCT 27 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
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 1891 SW 29TH AVE.	3. New Mailing Office Address, If Applicable 1891 SW 29TH AVE	4. Date Incorporated or Qualified To Do Business in Florida 07/06/1988
Suite, Apt. #, etc. P.O. BOX 030171	Suite, Apt. #, etc. P.O. BOX 030171	5. FEI Number 65-0057653
City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL	Applied For Not Applicable
Zip 33303	Country BROWARD	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (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
	P/T/S/D NIELSEN, WILLIAM H.	1891 SW 29TH AVE	FT. LAUDERDALE, FL
			500002340455-6
			-11/06/97-01085-004
			****165.00 ****185.00

8. Name and Address of Current Registered Agent NIELSEN, WILLIAM H 1872 S.W. 29 AVENUE FT. LAUDERDALE FL 33312	9. Name and Address of New Registered Agent Name NIELSEN, WILLIAM H. Street Address (P.O. Box Number is Not Acceptable) 1891 S.W. 29TH AVE Suite, Apt. #, Etc. FT. LAUDERDALE, FL City FT. LAUDERDALE State FL Zip Code 33312
--	---

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 William H. Nielsen Date 10/25/97
REGISTERED AGENT MUST SIGN

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)(l), 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: William H. Nielsen 10/25/97 954-739-0731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (8/97)

pg. 2 of 2

10-25-97
PORTSIDE SERVICES INC.
1891 SW. 29TH AVE.
P.O. BOX 030171
FT. LAUDERDALE, FL
33303

TO WHOM IT MAY CONCERN;

AS PER MY PHONE CONVERSATION WITH REPRESENTATIVE AMY ALLEN, PLEASE FIND ENCLOSED CHECK IN THE AMOUNT OF \$165,00.

BECAUSE OF THE RECENT DEATH OF MARY ANN NIELSEN (SECRETARY, VICE PRESIDENT, DIRECTOR) ON 3-17-97 I WILLIAM H. NIELSEN (PRESIDENT, TREASURER, DIRECTOR) HAVE HAD A DIFFICULT TIME COPIING WITH THE LOSS OF MY WIFE AND BUSINESS PARTNER.

AFTER RECEIVING YOUR NOTICE OF DISSOLUTION ON 10/24/97 I REALIZED I HAD NOT MET MY RESPONSIBILITY. I APOLOGIZE FOR MY OVERSIGHT AND HOPE THIS LETTER AND PAYMENT WILL RETURN THE CORPORATION OF PORTSIDE SERVICES INC. BACK IN GOOD STANDING WITH THE STATE OF FLORIDA.

THANK YOU

William H. Nielsen PRES.