

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 27 PM 4:22

DOCUMENT # L03000023288

1. Limited Liability Company's Name

PORTENAS, LLC

CR2E041 (8/05)

2. Principal Office Address

13399 BEDFORD MEWS CT

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELLINGTON FL

City & State

Zip

33414

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

06-26-2003

6. FEL Number

20-0843014

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

CECILIA TAYLOR

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

13399 BEDFORD MEWS CT

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Date 10-19-2006

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CECILIA TAYLOR	13419 BEDFORD MEWS CT	WELLINGTON FL 33414

700081304087  
10/27/06--01062--006 \*\*205.00

**REINSTATEMENT** 2005-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*Cecilia Taylor*

Date 10-19-2006

Daytime Phone # (561)784-1680

Typed or printed name of signing Managing Member/Manager CECILIA TAYLOR