

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED****CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 DEC 19 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **M60271**

1. Corporation Name

SAFEPORT HOLDINGS CORP.

2. Principal Office Address

1101 Brickell Avenue

Suite, Apt. #, etc.

South Tower, Suite 400

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida5. FEI Number
65-0076288

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Murai, Wald, Biondo & Moreno, P.A.

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

900 Ingraham Building, 25 S.E. 2nd Ave., Miami, FL 33131

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

12/16/02

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
DPS	Ortega, Jorge	1101 Brickell Avenue South Tower, Suite 400	Miami, Florida 33131
DVP	Ortega, Gustavo	1101 Brickell Avenue South Tower, Suite 400	Miami, Florida 33131
DVP	Ortega, Luis Alberto	1101 Brickell Avenue South Tower, Suite 400	Miami, Florida 33131

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)(f), 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE ORTEGA**12-4-02**

Date

305.3770390

Daytime Phone #

CR2ED81 (3/01)