PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 DEC -7 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35927

1. Corporation Name
PORTUGUESE AMERICAN CLUB OF PALM COAST, INC.

Principal Place of Business	Mailing Address
25 Old Kings Road N. Suite 8-A Palm Coast, FL 32137	P.O. Box 354250 Palm Coast, FL 32135-4250

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 1/04/90

5. FEI Number: 59-3078703 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

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-12/09/98--01114--002
****358.75 ****358.75

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City/State/Zip 4
Pres./D	Celso Mendes	45 Westmoreland Dr.	Palm Coast, FL 32164
V/P/D	Henrique Viegas	64 Whippoorwill Dr.	Palm Coast, FL 32164
Treas./D	Lauro Cabral	10 Wallstone Place	Palm Coast, FL 32164
Sec./D	Paula Lopes	86 Providence Lane	Palm Coast, Fl. 32164

REINSTATEMENT 98B 12/8/98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Michael D. Chiumento 4 Old Kings Raod, North Suite B Palm Coast, FL 32137	Name: Celso Mendes Street Address (P.O. Box Number is Not Acceptable): 45 Westmoreland Dr. Suite, Apt. #, Etc.: City: Palm Coast, State: FL Zip Code: 32164

CR2E040 (1/98)

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: x Celso C. Mendes
REGISTERED AGENT MUST SIGN
Date: dec. 03, 1998

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)(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: x Celso C. Mendes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Celso Mendes, president, director

Date: Dec. 03, 1998
Daytime Phone #: 904-446-9206