

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46010

1. Corporation Name

Homeowners Association of Portofino, Inc.

2. Principal Office Address - No P.O. Box #

7300 W. McNab Rd Ste 220

Suite, Apt. #, etc.

City & State

Tamarac, FL

Zip

33321

Country

USA

3. Mailing Office Address

PO Box 590577

Suite, Apt. #, etc.

City & State

Tamarac, FL

Zip

33359

Country

USA

FILED

10 MAR 25 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

600173152546

03/25/10--01037--026 **183.75
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 11/14/1991

5. FEI Number
650031534

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

DELTA Management Solutions, Inc.

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

7300 W. McNab Rd #220

Suite, Apt. #, Etc.

City

Tamarac

State

FL

Zip Code

33321

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

3/23/10

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
PD	Ralph Vergara	11215 Lakeview Drive	Coral Springs, FL 33071
VP	Mr. Sanders	11259 Lakeview Drive	Coral Springs, FL 33071
TD	Stu Moss	11273 Lakeview Drive	Coral Springs, FL 33071
DD	Naya Duran	11195 Lakeview Drive	Coral Springs, FL 33071

XC 3/26

10. E-mail Address: mmarti@deltabm.com

(To be used for future annual report notification)

11. 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. I further certify, 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

Ralph Vergara

03/08/10

9549770771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #