

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PPR lot

CORPORATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000052631

1. Corporation Name

Insurance
Portland Insurance, Inc.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

16223 SW 88 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33196

Country

U.S.A.

3. Mailing Office Address

16223 SW 88 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33196

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

May 31, 2000

5. FEI Number

65-1032488

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

Claire Portillo

Street Address (P.O. Box Number is Not Acceptable)
14980 SW 146 Court

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33186

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 12/20/01

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
President	Claire Portillo	16223 SW 88 Street	Miami/Florida/33196

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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/01

Date

(305) 385-0002

Daytime Phone #

CR2E081 (9/00)

PPGCR

Portland Insurance Inc.
DBA/ All nation Insurance and Inv, Inc.
16223 SW 88th Street
Miami Fl. 33196

December 12th, 2001

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl. 32314

Regarding: Portland Insurance Inc, DBA/ All Nation Insurance and
Investments, Inc.

Federal ID # 65-1032488

Dear Sirs,

On December 12th 2001, I found out that my corporation was inactive, I never received any documents of this nature. My corporation was open in May of 2000, I am in a shopping center that the mail facility was open in February of 2001, We were not receiving any correspondents in the center until then, I also recently got divorced and put up the office, its been a little hard for me and my kids.

I am enclosing a check in the amount of \$150.00 payable to Department of State.

I hope you accept this check, I know if you where to check you mail room; you must have received return mail on this corporation.

If you have any questions, please call me at 305-385-0002, I will follow up in the days to come, I would like to have all paper work in order.

Thank you

Claire Portillo
Agent/President