

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN 28 AM 9:22

DOCUMENT # P00000081413

1. Corporation Name

Porter Management Company, Inc.

2. Principal Office Address

3920 NW 33RD Place

Suite, Apt. #, etc.

City & State

Gainesville FL

Zip

32606

Country

Alachua

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-04

4. Date Incorporated or Qualified
To Do Business in Florida

8/29/2000

5. FEI Number

☒ 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

Linda K Porter

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

3920 NW 33rd Pl

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32606

300039067393
07/13/04 01053 022 **1208.75

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

Linda K Porter

REGISTERED AGENT MUST SIGN

Date 6/28/06

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 |
|--------|--------------------------------------|---|----------------------|
| Pres | Linda K Porter | 3920 N.W. 33 Pl | Gainesville FL 32606 |
| VP | Anthony E Porter | 3920 N.W. 33 P | Gainesville FL 32606 |
| | | | |
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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:

Anthony E Porter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/06 352-375-1391
352-281-8752

Date

Daytime Phone #

CFR2081 (01/04)