

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAY 10 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD2100040223

1. Corporation Name

Porter Investment Group, Inc.

**REINSTATEMENT** 03-54

2. Principal Office Address

4312 Ventana Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

4312 Ventana Blvd.

Suite, Apt. #, etc.

City & State

Rockledge, FL

City & State

Rockledge, Florida

Zip

32955

Country

USA

Zip

32955

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/8/02

5. FEI Number

45-0475588

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

Elizabeth Porter

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

4312 Ventana Blvd.

Suite, Apt. #, Etc.

City

Rockledge

State

FL

Zip Code

32955

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

5/3/04

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.	Elizabeth Porter	4312 Ventana Blvd.	Rockledge, FL 32955
VP	Simon Porter	4312 Ventana Blvd.	Rockledge, FL 32955
Tres.	Elizabeth Porter	4312 Ventana Blvd.	Rockledge, FL 32955

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/04

Date

321-863-1161

Daytime Phone #

CR20081 (01/04)

ps 2/22


May 3, 2004

Porter Investment Group, Inc.  
4312 Ventana Blvd.  
Rockledge, FL 32955

To Whom It May Concern:

Enclosed is my application for reinstatement. I sent a change of address back in January of 2002, changing to my current address stated above. Please accept my application, along with my \$300 for 2003 and 2004. I spoke to a lady this afternoon and she said that due to address being incorrect and me not receiving the mail sent, the overdue charges would be waived.

Thank you very much!!

  
Elizabeth Porter, President/Owner  
Porter Investment Group, Inc.