

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR -6 PH 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000002537.**

1. Corporation Name **Carlos Portillo Property Service In**

Carlos Portillo Property Service In.

2. Principal Office Address

1631 N.E. 114 St.

Suite, Apt. #, etc.

#112

City & State

Miami FL 33181

Zip

33181

Country

U.S.A.

3. Mailing Office Address

1631 N.E. 114 St.

Suite, Apt. #, etc.

#112

City & State

Miami FL

Zip

33181

Country

U.S.A.

700068110157

03/20/06--01024--032 **1050.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01-06-03

5. FEI Number

54-2088804

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

Carlos Portillo

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

1631 N.E. 114 St.

Suite, Apt. #, Etc.

#112

City

Miami

State

FL

Zip Code

33181

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

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
DP	Portillo Carlos	1631 N.E. 114 St. #112	Miami FL 33181

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 contained in Chapter 119, 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: **Carlos Portillo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-06 (305) 788-1064

Date

Daytime Phone #

K. Eckel MAR 08 2006