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FAX:

PAGE 1

2004 FOR PROFIT CORPORATION REINSTATEMENT

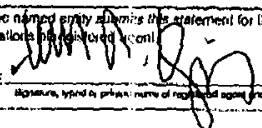
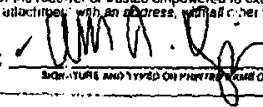
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

04-05

DOCUMENT #P03000040745			
1. Entity Name PORTAL GROUP CONTRACTING INC.			
Principal Place of Business 2040 SW 24 TERR MIAMI, FL 33145		Mailing Address 2040 SW 24 TERR MIAMI, FL 33145	
2. Principal Place of Business 2040 SW 24 TERR Suite, Apt. #, etc.		3. Mailing Address 2040 SW 24 TERR Suite, Apt. #, etc.	
City & State MIAMI FL Zip 33145 Country USA		City & State MIAMI FL Zip 33145 Country USA	
4. FEI Number 41-2089289		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, LUIS J. 2040 SW 24 TERRACE MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations imposed by, section 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
SIGNATURE  Signature, typed in print name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing) DATE			
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, LUIS J. 2040 SW 24 TERRACE MIAMI, FL 33145 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, mailed either file empowered.			
SIGNATURE:  Signature and typed in print name of signing officer or director		FEB 2 - 2005 (305) 442 1458	