2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 FEB -8 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

10072004 REIN-P CR2E098 (6/04)

DOCUMENT #P03000040745

1. Entity Name

PORTAL GROUP CONTRACTING INC.

Principal Place of Business	Mailing Address
2040 SW 24 TERR MIAMI, FL 33145	2040 SW 24 TERR MIAMI, FL 33145

2. Principal Place of Business	3. Mailing Address
2040 SW 24 TERR	2040 SW 24 TERR
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33145 Country: USA	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 of registered agent.

SIGNATURE __________

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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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700045882 02/18/05--01005--010 **300.00

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, with all other like empowered.

SIGNATURE: __________ FEB 2 - 2005 (305) 442 1458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #