

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02 AUG -8 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

Ports United, Inc.

193 000 30396

200007143682--6

-08/15/02--01057--005

\*\*\*\*\*915.00 \*\*\*\*\*915.00

2. Principal Office Address \*

1003 Silk Tree Lane

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, Florida

City & State

same

Zip

33327

Country

USA

Zip

same

Country

same

4. Date Incorporated or Qualified  
To Do Business in Florida

April 26, 1993

5. FEI Number

65-0413878

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

Marvin I. Wiener

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

2121 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

#900

City

Coral Gables

State

FL

Zip Code

33134

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

*Marvin Wiener*

REGISTERED AGENT MUST SIGN

Date

8/5/02

**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
P & D	Stephen T. Maietta	1003 Silk Tree Lane 1003 Silk Tree Lane	Weston, FL 33327

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:

*Stephen T. Maietta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/02

Date

Daytime Phone #

CR2E001 (9/01)

ji 8/18/02