

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JAN -3 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000582

1. Corporation Name

NORPORT LAND CORP.

Principal Place of Business

UNITED CORPORATE SERVICES, INC.  
801 NE 167TH STREET, SUITE 300  
N MIAMI BEACH FL 33162

Mailing Address

NORMAN P RAPPAPORT  
7448 REXFORD RD  
BOCA RATON FL 33434  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/04/1994

5. FEI Number

65-0475294

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED L

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RAPPAPORT, NORMAN P	7448 REXFORD ROAD	BOCA RATON FL 33434

900003095279--1  
-01/11/00--01099--013  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

RAPPAPORT, NORMAN P  
7448 REXFORD ROAD  
BOCA RATON FL 33434

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered AgentSIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

12/29/99

11. 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.

KE

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN P. RAPPAPORT

Date

12/29/99

Daytime Phone #

212.888.4600