

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P94000026551 (9)

1. Corporation Name

Portside Development, Inc.

Mailing Address

15901 Old Olga Rd  
Alva, FL 33920

Principal Place of Business

15901 Old Olga Rd  
Alva, FL 33920

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

2. New Mailing Address, If Applicable

15901 Old Olga Rd

Suite, Apt. #, etc.

City & State

Alva, FL

Zip

33920

Country

USA

3. New Principal Office Address, If Applicable

15901 Old Olga Rd

Suite, Apt. #, etc.

City & State

Alva, FL

Zip

33920

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/07/94

5. FEI Number

65-0531298

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DPVS	Svoboda, Cheryl A.	15901 Old Olga Rd	Alva, FL 33920
T	Svoboda, Cheryl A.	15901 Old Olga Rd	Alva, FL 33920
			400002530304--7
			-05/20/98--01074--007
			***1050.00 ***1050.00

REINSTATEMENT

96-98  
J. Alan  
5/11/98

8. Name and Address of Current Registered Agent

Cheryl A. Svoboda  
15901 Old Olga Rd  
Alva, FL 33920

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 Agent

Cheryl A. Svoboda

REGISTERED AGENT MUST SIGN

Date May 5, 1998

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl A. Svoboda

Date

5/4/98

Daytime Phone #

941-694-5654

CR2040 (5/94)