

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

06 SEP 19 PM 1:18

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P96000007760*

1. Corporation Name

PORTOFINO Beach Club Corp

2. Principal Office Address

649 NE 56 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33137

Country

MIAMI Dade

3. Mailing Office Address

649 NE 56 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33137

Country

MIAMI Dade

REINSTATEMENT

05-06

4. Date Incorporated or Qualified
To Do Business in Florida

1-21-1996

5. FEI Number

46-0646361

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

DANIEL ROIZ

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

649 NE 56 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33137

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

Daniel Roiz

Date

9/17/06

REGISTERED AGENT MUST SIGN

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
<i>PS</i>	<i>ROIZ, DANIEL</i> <i>649 NE 56 ST</i> <i>MIAMI FL 33137</i>		
<i>T</i>	<i>MINTA ROIZ</i> <i>649 NE 56 ST</i> <i>MIAMI FL 33137</i>		

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*09/26/06--01063--018 **908.75*

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:

Daniel Roiz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/17/06

Daytime Phone #

CR2E081 (9/99)