

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED

03 NOV 14 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **096000007760**

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

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FFI Number

65-0646361

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

10/23/03 01062 018 150.00

7. Name and Address of Current Registered Agent

Name

DANIEL RUIZ

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

Suite, Apt. #, Etc.

649 NE

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

[Signature]

Date

11/11/03

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
P-S	DANIEL RUIZ	649 NE 56 ST MIAMI FL 33137	
T	MARTA RUIZ	649 NE 56 ST MIAMI FL 33137	

REINSTATEMENT

03

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-11-03

Daytime Phone #

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OCTOBER 14, 2003

Secretary of State
Division of Corporation
Tallahassee, Fl.

Re: Portofino Beach Club Corp
Annual Report

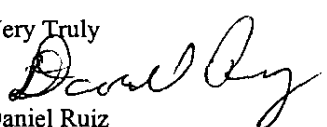
Dear Sir:

I want that you verify our record from the beginning on 1996, every year this report was sent on time, that year may be loss on mail and we do not have control on it.

But in the future we will be lucking the mail from January to May for not made this error.

I appreciated very much if you in consideration of this matter you can eliminated by this time the penalty of \$600.00 Dollars, the business is not good.

Very Truly


Daniel Ruiz
President