

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV -3 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700000029752

1. Corporation Name Portfolio Group Inc.
Danube Village Apartments

Principal Place of Business Mailing Address - Same

5801 Danube Way
Orlando FL 32807

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 & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4-4-96

5. FEI Number

59-3374242

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	<u>Viola Rivera</u>	<u>823 Ashlane</u>	<u>Altamonte Springs</u>
Vice Pres	<u>Carlos Riverer</u>	<u>310. W. San Sebastian Ct</u>	<u>Altamonte Springs FL 32714</u>
Sec.	<u>Alfredo Guardado</u>	<u>1923 martinez street</u>	<u>Apopka FL 32703</u>
Tres.	<u>Manuel Carmona</u>	<u>8625 W. Leighton Dr.</u>	<u>Tampa FL 33614</u>

8. Name and Address of Current Registered Agent

Alfredo Guardado - Secretary
5801 Danube way
Orlando FL 32807

9. Name and Address of New Registered Agent

Name

600002338936--8

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

11405 797-01070-016

Suite, Apt. #, Etc.

***750.00 ***750.00

City

State

Zip Code

FL

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11-30-97

11. 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.)

12. 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 19.07(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-30-97

Daytime Phone #

782-1812

CR2E040 (12/96)