

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000063562

1. Corporation Name

NEWPORT SERVICES CORPORATION

REINSTATEMENT 03

2. Principal Office Address

384-B GOLFVIEW RD.

Suite, Apt. #, etc.

City & State

NORTH PALM BEACH, FL.

Zip

33408

Country

PALM BEACH

3. Mailing Office Address

P.O. Box 14188

Suite, Apt. #, etc.

City & State

NORTH PALM BEACH, FL.

Zip

33408

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

07-29-96

5. FEI Number

59-3393333

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

RAMSEY W. DULIN

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

201 EAST PINE STREET

Suite, Apt. #, Etc.

SUITE 425

City

ORLANDO

State

FL

Zip Code

32801

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]
REGISTERED AGENT MUST SIGN

Date

10/29/03

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	JEFFREY KLEIN	384-B GOLFVIEW ROAD NORTH PALM BEACH, FL 33408	NORTH PALM BEACH, FL. 33408
D	KAREN V. KLEIN	384-B GOLFVIEW ROAD	NORTH PALM BEACH, FL. 33408

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

PRESIDENT

10-28-03

561-707-6143

Date

Daytime Phone #

CR2E081 (10/02)