

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000080038

1. Corporation Name

Southport Ventures, Inc.

Principal Place of Business

633 Fifth Key Drive  
Fort Lauderdale, FL 33309

Mailing Address

396 S. Witchduck Rd, Ste 200  
Virginia Beach, VA 23462

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

396 S. Witchduck Rd

Suite, Apt. #, etc.

Suite 200

City & State

Virginia Beach, VA

Zip

23462

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

September 23, 1996

5. FEI Number

54-1821191

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
Dir/ Pres	Joseph W. Boyd, Jr	396 S. Witchduck Rd Suite 200	Virginia Beach, VA 23462
VP/ Treas	Frank B. Minschke, II	396 S. Witchduck Rd Suite 200	Virginia Beach, VA 23462

8. Name and Address of Current Registered Agent

Robert E. Murdoch  
790 East Broward Blvd  
Suite 400  
Ft Lauderdale, FL 33301

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

*Robert E. Murdoch*

REGISTERED AGENT MUST SIGN

Date 5/26/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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 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: BY:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph W. Boyd, Jr., President

May 22, 1998

Date

(757) 490-1959

Daytime Phone #

FILED

98 JUN -2 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

97-98  
AD

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CR2040 (1/98)