

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 APR -4 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000090478

1. Corporation Name

PORT HOLDING, INC.

Principal Place of Business

312 LEEWARD ISLAND
CLEARWATER FL 33767

Mailing Address

312 LEEWARD ISLAND
CLEARWATER FL 33767

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1458 WATERMILL CIRCLE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1458 WATERMILL CIRCLE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1997

5. FEI Number

59-3473870

Applied For

Not Applicable

City & State

TARPON SPRINGS, FL

City & State

TARPON SPRINGS, FL

Zip

Country

34689-7030

Zip

Country

34689-7030

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 3 | City / State / Zip 4 |
|---------------|-------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------|
| VP | CAVALIERE, GERALDINE | 312 LEEWARD ISLAND 1458 WATERMILL CIRCLE | CLEARWATER FL 33767 TARPON SPRINGS, FL 34689-7030 |
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| | | | 000003213570--9 -04/18/00--01115--017 *****900.00 *****900.00 |
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| | | | |
| | | | |

8. Name and Address of Current Registered Agent

CAVALIERE, GERALDINE
312 LEEWARD ISLAND
CLEARWATER FL 33767

1458 WATERMILL CIRCLE
TARPON SPRINGS, FL 34689

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

Geraldine Cavaliere
REGISTERED AGENT MUST SIGN

Date 3/24/00

11. 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:

Geraldine Cavaliere
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

GERALDINE CAVALIERE V.P. 3/24/00 127-934-3646

CR2E040 (9/99)