PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Kathe ine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000016411

Corporation Name

T. Port St. Lucie, Inc.

99 DEC 30 PM 12: 59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Mailing Address Principal Place of Business 621 NW 53rd Street, Suite 450

БОСа	Raton, Florida 334						
If above a	ddresses are incorrect in any way, line thr	ough incorrect in	eformation and er	nter correction below.			
		3. New Mailir	New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 2/19/98		
Suite, Apt. #. etc.		Suite, Apt. #. etc.			5. FEI Number Applied		
Livy ≩ State)	City & State	City & State		Not Appl		
Ze	Country	Zip	Country		6. CERTIFICATE OF STATUS DESIRED		
7. Names a	and Street Addresses of Each Officer and/	or Director (Flor	rida nonprofit cor				
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		r	City / State / Zip	
PT	Alfred R. Novas	621 NW 53rd Street Suite 450		et	Boca Raton, Florida 33487		
V	Mark L. Schiller	621 NW 53rd Street Suite 450		et	Boca Raton, Florida 33487		
S÷	Ira L. Young	621 NW 53rd Street Suite 450		et	Boca Raton, Florida 33487		
-					5 0,	0003095365 2	
				ATEMEN	T 9	-01/12/0001804007 ***3000.00 ****750.00	
REINSTATEMENT							
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent		
621 1	a B. Warlen NW 53rd Street, Sui Raton, Florida 334		Ira L. Young Street Address (P.O. Box Number is Not Acceptable) 621 NW 53rd Street Suite. Apt. *. Etc. / Suite 450 City BOGS Paton 133487				
€ i. seing	appointed the registered agent of the abo	ive named corpor	ration, am familia	BOCA Re or with and accept the o	aton bligations of Section		
Signature of Pegistered /	Agent Ag +	Your	TY MUST SIGN	L. yo.		Date 12-29-49	
11. Thi	is corporation owes the angible Personal Proper	current ye ty Tax du	ear e 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 energy this reinstalement 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 individuals on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: