

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 14 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000088185

1. Corporation Name

Porter's Dining on the Avenue, Inc

2. Principal Office Address

3920 NW 33rd Place

Suite, Apt. #, etc.

City & State

Gainesville FL

Zip

32606

Country

USA

3. Mailing Office Address

3920 NW 33rd Place

Suite, Apt. #, etc.

City & State

Gainesville FL

Zip

32606

Country

USA

REINSTATEMENT

00-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-04-99

5. FEI Number

593601806

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

Linda K. Porter

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

3920 NW 33rd Place

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32606

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

Linda K. Porter
REGISTERED AGENT MUST SIGN

Date 11-11-03

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
Pres	Linda K. Porter	3920 NW 33rd Place	Gainesville, FL 32606
V P	Linda K. Porter	3920 NW 33rd Place	Gainesville, FL 32606
Sec	Linda K. Porter	3920 NW 33rd Place	Gainesville, FL 32606

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:

Linda K. Porter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDAK. PORTER

Date

11-11-03

Daytime Phone #

352-372-0101

CR25081 (10/02)

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Porter's Dining on the Avenue

1 West University Avenue

Gainesville, FL 32601

352-372-0101

November 11, 2003

To Whom It May Concern,

2000UBR

Enclosed is my corporation reinstatement form and a check for \$600.00, the amount stated per our phone conversation on November 10, 2003. I have not received renewal notices and am, therefore, in need of reinstating the corporation as soon as possible.

Thank you.

Sincerely,
Linda K. Porter

A handwritten signature in cursive script that reads "Linda K. Porter".

President, Porter's Dining On The Avenue, Inc.