

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **807094**

1. Corporation Name

BULLION PORTFOLIOS INC

Principal Place of Business

Mailing Address

Bullion Portfolios Inc

7154 N. UNIV. DR

#206

TAMARAC FLA

33321

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

2. New Principal Office Address, If Applicable

1902 SW 82 TERR

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7154 N. UNIV. DR

Suite, Apt. #, etc.

#206

City & State

North Land, FLA

City & State

TAMARAC, FLA.

Zip

33068

Country

USA

Zip

33321

Country

USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	Gregory P. Dail	1902 SW 82 TERR N. LAND, FLA. 33068	North Land, FLA 33068
V.P	DIANA FARIS	7780 NW 78 AVE #308	TAMARAC FLA, 33321
SEC.	Gregory P. Dail	1902 SW 82 TERR N. LAND, FLA 33068	N. LAND, FLA. 33068
TREASURER	Gregory P. Dail	1902 SW 82 TERR	N. LAND, FLA. 33068
			800002795248-2
			-03/05/99-01005-019
			****700.00 ****700.00
			800002795248-2
			-03/05/99-01005-020
			****700.00 ****700.00

8. Name and Address of Current Registered Agent

Gregory P. Dail
1902 S.W. 82 TERR
N. LAND, FLA 33068

9. Name and Address of Registered Agent

Name

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

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

Gregory P. Dail
REGISTERED AGENT MUST SIGN

Date **2-25-99**

11. This corporation owes 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:

Gregory P. Dail
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-99
Date

954-722-1265
Daytime Phone #

REINSTATEMENT 94-99

4. Date Incorporated or Qualified
To Do Business in Florida

10-11-90

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/98)