

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



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

02 JUL 26 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S 57066

1. Corporation Name

THE SOUTHPORT GROUP, INC.

700006825037--5  
-08/01/02--01003--015  
\*\*\*1350.00 \*\*\*1350.00

**REINSTATEMENT 98-02**

2. Principal Office Address  
5191 Deerhurst Crescent Ct. 798 So. Federal Highway

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 100

City & State  
Boca Raton, FL

City & State  
Boca Raton, FL

Zip  
33486  
33486

Country  
USA

Zip  
33432

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1991

5. FEI Number  
65029436

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 O. MacLaren

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

798 So. Federal Highway

Suite, Apt. #, Etc.

Suite 100

City

Boca Raton

State  
FL

Zip Code  
33432

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 O. MacLaren*

REGISTERED AGENT MUST SIGN

Date 7/17/02

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., Sec., Treas., Director	Gioachino V. Furnari	5191 Deerhurst Crescent Ct.	Boca Raton, FL 33486

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/17/01

Daytime Phone #

CR2E081 (9/01)

7/21/02