


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																												
<b>DOCUMENT #</b> V 26304		<b>FILED</b> 97 FEB 11 AM 10:28 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA																												
1. Corporation Name <b>Portugal Inc</b>																														
Principal Place of Business <b>2431 N/E 196 ST NORTH MIAMI BEACH FLORIDA 33180</b>		Mailing Address <b>2431 N/E 196 ST NORTH MIAMI BEACH FLORIDA 33180</b>																												
If above addresses are incorrect in any way, line through incorrect information and enter correction below.																														
2. New Principal Office Address, If Applicable <b>2431 N/E 196 ST</b> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <b>2431 N/E 196 ST</b> Suite, Apt. #, etc.																												
City & State <b>NORTH MIAMI BEACH</b> Zip <b>33180</b> Country <b>DADE</b>		City & State <b>NORTH MIAMI BEACH</b> Zip <b>33180</b> Country <b>DADE</b>																												
4. Date Incorporated or Qualified To Do Business in Florida <b>4/2/92</b>		5. FEI Number <b>65-0379094</b>																												
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>8.75 Additional Fee required for a Certificate of Status.</b>		Applied For Not Applicable																												
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																														
<table border="1" style="width:100%"><thead><tr><th>Title(s)</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th><th>City / State / Zip</th></tr></thead><tbody><tr><td><b>DR. PRES.</b></td><td><b>Ruth Portugal Robin</b></td><td><b>2431 N/E 196 ST N.M.B.</b></td><td><b>NORTH MIAMI BEACH 33180</b></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>			Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	<b>DR. PRES.</b>	<b>Ruth Portugal Robin</b>	<b>2431 N/E 196 ST N.M.B.</b>	<b>NORTH MIAMI BEACH 33180</b>																				
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip																											
<b>DR. PRES.</b>	<b>Ruth Portugal Robin</b>	<b>2431 N/E 196 ST N.M.B.</b>	<b>NORTH MIAMI BEACH 33180</b>																											
8. Name and Address of Current Registered Agent <b>Ruth Portugal Robin</b> <b>2431 N/E 196 ST</b> <b>NORTH MIAMI BEACH 33180</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> 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 <b>Ruth Portugal Robin</b> Date <b>Feb 7/97</b> REGISTERED AGENT MUST SIGN																														
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <b>Ruth Portugal Robin</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>Feb 7/97</b> Daytime Phone # <b>1-305-933-2354</b>																												

CR2E040 (12/96)