

L01000017329

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 "Smith"
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

2002 OCT 29 PM 1:41

1. DOCUMENT # L01000017329
Name and Mailing Address

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

0007338 01 PP 0,352 **PRSR T2 0 0615 30360-319799

THE POINT, L.L.C.
 4264 WINTERS CHAPEL ROAD, BUILDING A
 DORAVILLE GA 30360-3197



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/08/2001	
Principal Place of Business 4264 WINTERS CHAPEL ROAD, BUILDING A DORAVILLE GA 30360	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent BURKHART-SMITH, BECKY A 4039 EAST COUNTY HIGHWAY 30-A SEAGROVE BEACH FL 32459		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Becky Burkhardt-Smith Date: 10/28/02
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BARANOWSKI, DONALD S	4264 WINTERS CHAPEL ROAD BUILDING A	DORAVILLE GA 30360
			500008677835
			REINSTATEMENT 2002

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Donald Baranowski Date: 10/22/02 Daytime Phone #: 904-55-7009
 Typed or printed name of signing Managing Member/Manager: Donald Baranowski



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ACCOUNT NO. : 072100000032
REFERENCE : 799275 7154760

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

AUTHORIZATION : *Patricia Piquero*
COST LIMIT : \$ 150.00

ORDER DATE : October 29, 2002
ORDER TIME : 12:15 PM
ORDER NO. : 799275-010
CUSTOMER NO: 7154760
CUSTOMER: Ms. Becky A. Smith
Franklin H. Watson, P.A.
Suite 105
5365 East Hwy 30a
Seagrove Beach, FL 32459

DOMESTIC FILINGS

NAME: THE POINT, L.L.C.

RECEIVED
02 OCT 29 PM 12:58
DIVISION OF CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore
EXAMINER'S INITIALS _____