Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
POINTE 100 CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14000003585

1. Corporation Name

POINTE 100 CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
500 NE SPANISH RIVER BLVD.	500 NE SPANISH RIVER BLVD.
Suite, Apt. #, etc. Suite 108	Suite, Apt. #, etc. Suite 108
City & State Boca Raton, Florida	City & State Boca Raton, Florida
Zip 33431 County United States	Zip 33431 County United States

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
04/11/2014

5. PETITIONER — 1. Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: Dean Borg
Street Address (P.O. Box Number is Not Acceptable): 500 NE SPANISH RIVER BLVD.
Suite, Apt. #, etc.: Suite 108
City: Boca Raton State: FL Zip Code: 33431

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: _____ Date: 10/22/15

REGISTERED AGENT MUST SIGN

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
PD	Dean Borg	500 NE SPANISH RIVER BLVD., SUITE 108	BOCA RATON, FL 33431
VPD	Richard Finkelstein	500 NE SPANISH RIVER BLVD., SUITE 108	BOCA RATON, FL 33431
STD	Robert White	500 NE SPANISH RIVER BLVD., SUITE 108	BOCA RATON, FL 33431

10. E-mail Address: DB@YesAscend.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the secretary 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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 10/22/15 561-417-6201
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL EXECUTING APPLICATION — DATE — DAYTIME TELEPHONE NUMBER

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