

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUN 10 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000021242

1. Corporation Name

Multi-Point Communications, Inc.

3496 North Alcaniz Street

2. Principal Office Address

3496 North Alcaniz Street

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32503

Country

Escambia

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-cy

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/01/2000

5. FEI Number

59-3633815

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Barbara W. Allen

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

3496 North Alcaniz Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32503

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

[Signature]

Date 06/04/04

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
P	Barbara W. Allen	3496 North Alcaniz Street	Pensacola, FL 32503
V	Norman E. Allen	3496 North Alcaniz Street	Pensacola, FL 32503

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

6/7/04

Daytime Phone #

CR2E081 (01/04)



3496 North Alcaniz Street
Pensacola, FL 32503

June 4, 2004

VIA OVERNIGHT MAIL

To Whom it May Concern
Secretary of State
Division of Corporation
Attention: Reinstating Section
409 East Gaines Street
Tallahassee, Florida 32399

To Whom it May Concern:

DOCUMENT# P00000021242

A CPA firm that I was interviewing notified me that my corporation has been dissolved. We have not received any renewal applications in the mail.

Enclosed you will find our completed Corporation Reinstatement form, along with a check for \$300.00 which will cover 2003 and 2004. We are requesting that the fee of \$600.00 for reinstating our corporation be waived.

If you have any questions please contact me at your first convenience at (850) 444-7071.

Sincerely,

A handwritten signature in cursive script, appearing to read "Barbara W. Allen".

Barbara W. Allen
President