

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 30 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 396555

1. Corporation Name

POINT MANAGEMENT, INC.

Principal Place of Business

7000 W ATLANTIC AVENUE
DELRAY BEACH FL 33446

Mailing Address

7000 W ATLANTIC AVENUE
DELRAY BEACH FL 33446

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/1972

5. FEI Number

59-1433906

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City and State 4
VP	TAYLOR, DIANE L Adolphson, Fred	7000 W ATLANTIC AVE	DELRAY BEACH, FL 00000
CD	SURFACE, J FRANK	7000 W ATLANTIC AVE	DELRAY BEACH FL
P	HYMAN, MICHAEL D	7000 W ATLANTIC AVE	DELRAY BEACH FL
S	Manziona, Lisa	7000 W. Atlantic Ave.	Delray Beach, FL

8. Name and Address of Current Registered Agent

TAYLOR, DIANE L.
7000 W ATLANTIC AVE
DELRAY BEACH FL 33446

9. Name and Address of New Registered Agent

Name

Lisa Manziona

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

7000 W. Atlantic Ave.

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33446

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

Lisa Manziona
REGISTERED AGENT MUST SIGN

Date

10/24/00

11. 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:

Lisa Manziona
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/00 499-3335
Daytime Phone # 4120

CR2E040 (8/00)