

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 748019		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 AUG 31 AM 11:19	
1. Corporation Name Manatee Point Inc.		REINSTATEMENT 90-98	
Principal Place of Business 2152 Longboat Dr Naples, Fl. 34104		Mailing Address SAME	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number N/A	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	
		\$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	Peter Spraitz	2184 Longboat Dr	Naples, Fl 34104
D	Bradley Thompson	2152 Longboat Dr	Naples, Fl 34104
D	Michael J. Kehl	2166 Longboat Dr	Naples, Fl 34104
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Unknown		Name Bradley Thompson Street Address (P.O. Box Number is Not Acceptable) 2152 Longboat Dr Suite, Apt. #, Etc. City Naples State FL Zip Code 34104	
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 Bradley Thompson		Date 8/12/98	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Bradley Thompson		8/12/98 941 2626615	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	