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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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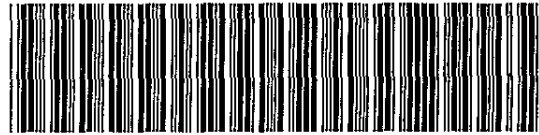
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FO4-442  
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THOMAS D. POINTNER, P.C.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

THOMAS D. POINTNER  
(Name of Person)  
THOMAS D. POINTNER, P.C.  
(Firm/Company)  
929 SHIPWATCH DRIVE EAST  
(Address)  
JACKSONVILLE, FLORIDA 32225  
(City/State and Zip code)

For further information concerning this matter, please call:

THOMAS D. POINTNER at (904) 318-5239  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. THOMAS D. POINTNER, P.C.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MICHIGAN 3. 38-2228329  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. NOVEMBER 1, 1978 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 206 BRIDGE ST., P.O. BOX 702 CHARLEVOIX, MICHIGAN 49720-0702  
(Principal office address)

929 SHIPWATCH DRIVE EAST JACKSONVILLE, FL. 32225  
(Current mailing address)

8. RENDER LEGAL SERVICES  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: THOMAS D. POINTNER

Office Address: 929 SHIPWATCH DRIVE EAST

JACKSONVILLE, Florida 32225  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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TALLAHASSEE, FLORIDA

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**A. DIRECTORS**

Chairman: THOMAS D. POINTNER

Address: 929 SHIPWATCH DRIVE EAST  
JACKSONVILLE, FLORIDA 32225

Vice Chairman: NONE

Address: \_\_\_\_\_

Director: NONE

Address: \_\_\_\_\_

Director: NONE

Address: \_\_\_\_\_

**B. OFFICERS**

President: THOMAS D. POINTNER

Address: 929 SHIPWATCH DRIVE EAST  
JACKSONVILLE, FLORIDA 32225

Vice President: SAME AS PRESIDENT

Address: \_\_\_\_\_

Secretary: SAME AS PRESIDENT

Address: \_\_\_\_\_

Treasurer: SAME AS PRESIDENT

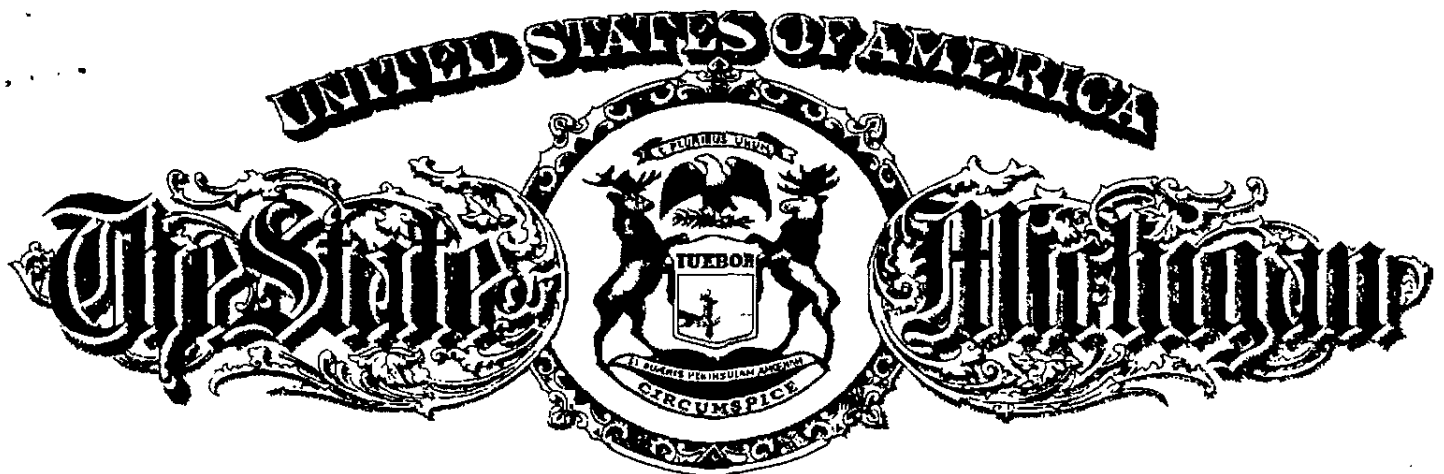
Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Thomas D. Pointner  
(Signature of Director or Officer listed in number 12 of the application)

14. THOMAS D. POINTNER, PRESIDENT  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA



Michigan Department of Consumer and Industry Services

Lansing, Michigan

*This is to Certify That*

**THOMAS D. POINTNER, P.C.**

*was validly incorporated on November 1, 1978, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.*

*This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 31st day of October, 2003.*

*Andrew S. Mitchell*, Director

Bureau of Commercial Services