

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 12 PM 3:31

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT #

1. Corporation Name

PRODUCTIVITY POINT INTERNATIONAL, INC.

2. Principal Office Address

844 Moraga Drive

Suite, Apt. #, etc.

3. Mailing Office Address

844 Moraga Drive

Suite, Apt. #, etc.

City & State

Los Angeles, CA

City & State

Los Angeles, CA

Zip

90049

Country

USA

Zip

90049

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/14/97

5. FEI Number

95-4617529

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date **2/12/01**

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
D/C	Thomas J. Kalinske	844 Moraga Drive	Los Angeles, CA 90049
D/P	Mark Herron	4515 Falls of Neuse Road	Raleigh, NC 27609
CFO	Michael Kaelin	4515 Falls of Neuse Road	Raleigh, NC 27609
D/S	Stanley E. Maron	844 Moraga Drive	Los Angeles, CA 90049
D	Steven B. Fink	844 Moraga Drive	Los Angeles, CA 90049
D	Randolph Read	844 Moraga Drive	Los Angeles, CA 90049
D	Peter J. Squier	844 Moraga Drive	Los Angeles, CA 90049
D	Ralph Finerman	844 Moraga Drive	Los Angeles, CA 90049

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

STANLEY E. MARON

2/8/01

Date

(310) 440-3600

Daytime Phone #