

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 OCT 29 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J42745**

1. Corporation Name

*Northpoint, Inc.*

Principal Place of Business

*732 Blountstown Hwy  
Tallahassee, FL 32304*

Mailing Address

*P.O. Box 2442  
Tallahassee, FL 32316*

**500002676765- 2**  
-10/30/98--01055--006  
\*\*\*1058.75 \*\*\*1058.75

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		59-2763190	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PRES.	GENE ARNOLD	4431 N.W. 13th St	GAINESVILLE, FL. 32609
Sec/Treas.	KEN CASHIN	28.3771 Bobbin Mill Rd. Tallahassee	Tallahassee, FL 32312
Vice-Pres	JAMES ARNOLD III	4431 N.W. 13th St.	GAINESVILLE, FL. 32609
Director	Michael Cashin	1250 Live Oak Plantation	Tallahassee, FL. 32312
<b>REINSTATEMENT 96-98 B 10/29</b>			

8. Name and Address of Current Registered Agent

Ben H. Wilkinson  
Post Office Box 10095  
Tallahassee, FL 32302

*215 S. Monroe St  
2nd Floor  
Tallahassee, FL 32301*

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

REGISTERED AGENT MUST SIGN

Date *10-28-98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(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)(l), 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

Date

Daytime Phone #

*10-21-98 850/576-5713*

CR2E040 (1/88)