

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J83146

1. Corporation Name

Palm Beach Point Exchange, Inc.

2. Principal Office Address

12610 Sunnydale Drive

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33414

Country

USA

3. Mailing Office Address

12610 Sunnydale Drive

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33414

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/87

5. FEI Number

65-0904707

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300004547883--8
-08/22/01--01007--004
***300.00 ***300.00

7. Name and Address of Current Registered Agent

Name

Frank Vlahovic

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

12610 Sunnydale Drive

Suite, Apt. #, Etc.

City

Wellington

State
FL

Zip Code
33414

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

REGISTERED AGENT MUST SIGN

Date June 20.01.

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
PTD	Frank Vlahovic	12610 Sunnydale Drive	Wellington, FL 33414
VSD	Gertrude Vlahovic	12610 Sunnydale Drive	Wellington, FL 33414

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

Date

Daytime Phone #

g. vlahovic

June 20.01 905.893-1587

CR2E081 (9/00)

**Moore,
Ellrich &
Neal, P.A.**

CERTIFIED

PUBLIC

ACCOUNTANTS

May 7, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Palm Beach Point Exchange, Inc.
FEI#65-0904707

Dear Sirs:

As per our telephone conversation, enclosed you will find the Corporate Reinstatement Form for Palm Beach Point Exchange, Inc. and payment in the amount of \$300.00. The owners of the corporation did not receive the 2000 Corporate Annual Report. The form may have been mailed to a prior address and did not get forwarded properly by the post office. The owners live out of the country and did not realize that they were missing the report. In fact, they had just paid all of the reinstatement fees for prior years to get them up to date in 1999. As discussed, we would like to ask that you review this account and accept the \$300.00 for the annual fees due for 2000 and 2001.

Please correspond to our office address in regards to your final decision. If you have any questions, please do not hesitate to contact me.

Sincerely,



Becky B. Moore, CPA

BBM/dl

Enclosures