2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 20, 2005
Secretary of State

DOCUMENT# K14657

Entity Name: SUN POINT TRAVEL, INC.

Current Principal Place of Business:

3024 STATE ROAD 674
% LEE CALVIN
RUSKIN, FL 33570

New Principal Place of Business:

1312 APOLLO BEACH BLVD.
G
APOLLO BEACH, FL 33572 US

Current Mailing Address:

3024 STATE ROAD 674
% LEE CALVIN
RUSKIN, FL 33570

New Mailing Address:

6504 SURFSIDE BLVD
G
APOLLO BEACH, FL 33572 US

FEI Number: 59-2870774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CALVIN, LEE
3024 ST RD 674
RUSKIN, FL 33570 US

Name and Address of New Registered Agent:

WITSIL, ROBERT L P
6504 SURFSIDE BLVD
7
APOLLO BEACH, FL 33572 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: R L WITSIL 05/20/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CALVIN, LEE,
Address: 922 EAGLE LN
City-St-Zip: APOLLO BCH, FL

Title: D ( ) Delete
Name: CALVIN, WILLIAM,
Address: 922 EAGLE LN
City-St-Zip: APOLLO BCH, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WITSIL, ROBERT L
Address: 6504 SURFSIDE BLVD, SUITE 7
City-St-Zip: APOLLO BCH, FL 33572 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: WITSIL, PATRICIA A
Address: 6504 SURFSIDE BLVD, SUITE 7
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: S ( ) Change (X) Addition
Name: WITSIL, KRYSTAL L
Address: 6504 SURFSIDE BLVD
City-St-Zip: APOLLO BEACH, FL 33572 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R L WITSIL P 05/20/2005
Electronic Signature of Signing Officer or Director Date