

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



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

FILED
 02 JAN -2 AM 11:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L 000000004940**

1. Limited Liability Company's Name
Point Tech L.L.C

2. Principal Office Address
1594 SW St Andrews Dr.

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State
Palm City

Zip
FL USA 34990

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
5/1/00

6. Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED **\$500 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name **John M. Tepley** **7800094761857-7**
 -01/09/02--01029--011
 ****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable)
1594 SW St. Andrews Drive

Suite, Apt. #, Etc.

City **Palm City** State **FL** Zip Code **34990**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent **John Tepley** Date **12-31-01**
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres.	John Tepley	1594 SW St. Andrews Dr	Palm City FL 34990

REINSTATEMENT *at dec*

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager **John Tepley** Date **12-31-01** Daytime Phone # **5612210320**

Typed or printed name of signing Managing Member/Manager **John M. Tepley**

CR2E041 (8/01)