

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Gloria E. Hord
Secretary, State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 11 PM 1:47

1. DOCUMENT # L02000002811

Name and Mailing Address

0002225 01 AT 0.292 **AUTO TO 0 0615 32317-514242
ON-POINT, L.L.C.
P.O. BOX 15142
TALLAHASSEE FL 32317-5142



REINSTATEMENT 2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 6723 TREASURE OAKS CIRCLE TALLAHASSEE FL 32309		5. Date Organized or Qualified To Do Business in Florida 02/04/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 75-2988534	
8. Name and Address of Current Registered Agent HARRIS, FRED F JR ESQ 101 EAST COLLEGE AVE. TALLAHASSEE FL 32301		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name: Roy Cales Street Address: 6723 Treasure Oaks Circle City: Tallahassee FL 32309		Applied For Not Applicable	
10. 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: [Signature] REQUIRED Date: 12/9/2003 REGISTERED AGENT MUST SIGN			

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Roy Cales	6723 Treasure Oaks Circle	Tallahassee, FL 32309
			800025419048 12/11/03--01019--025 **\$150.00
REINSTATEMENT 2003			

12. 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: [Signature] REQUIRED Date: 12/9/2003 Daytime Phone #: 850-294-8350

Typed or printed name of signing Managing Member/Manager: Roy Cales