

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000089120

1. Limited Liability Company's Name

OnePoint Business Solutions, LLC

2. Principal Office Address - No P.O. Box #

1000 Tamiami Trail N

Suite, Apt. #, etc.

Suite 402

City & State

Naples, FL

Zip

34102

Country

USA

3. Mailing Office Address

1000 Tamiami Trail N

Suite, Apt. #, etc.

Suite 402

City & State

Naples, FL

Zip

34102

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

9/12/06

6. FEI Number

27-1719166

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

D. Michael Collins

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

1000 Tamiami Trail N,

Suite, Apt. #, Etc.

Suite 402

City

Naples

State

FL

Zip Code

34102

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

[Signature]

Date

1/21/10

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 |
|--------|--------------------------------------|---|--------------------|
| MGR | D. Michael Collins | 4420 8 th St NE | Naples, FL 34120 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 07-10

DB

11. E-mail Address: ~~XXXXXXXXXX~~ KARRN@collins-web.com

(To be used for future annual report notifications)

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]

Date

1/21/10

Daytime Phone #

239-595-9845

Typed or printed name of signing Managing Member/Manager