

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAR 20 PM 5:15

RECEIVED  
TALLAHASSEE, FL

DOCUMENT # 0000000000011

**1. Corporation Name**

The LaPointe Foundation, Inc.

**2. Principal Office Address**

2155 South Ocean Blvd.

Suite, Apt. #, etc.

Apt. 26

City & State

Delray Beach, FL

Zip

33483

Country

Palm Beach

**3. Mailing Office Address**

2155 South Ocean Blvd.

Suite, Apt. #, etc.

Apt. 26

City & State

Delray Beach, FL

Zip

33483

Country

Palm Beach

**4. Date Incorporated or Qualified  
To Do Business in Florida**

January 3, 2000

**5. FEI Number**

65-1087831

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

900005255029--1  
-04/11/02--01071--034  
\*\*\*\*297.50 \*\*\*\*297.50

**7. Name and Address of Current Registered Agent**

Name

Richard A. LaPointe

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

2155 South Ocean Blvd.

Suite, Apt. #, Etc.

Apt. 26

City

Delray Beach

State  
**FL**

Zip Code  
33483

**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

3/8/02

**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
PD	Richard A. LaPointe	2155 South Ocean Blvd.	Delray Beach, FL 33483
SD	Florian G. LaPointe	2155 South Ocean Blvd.	Delray Beach, FL 33483
D	Samatha L. LaPointe	2155 South Ocean Blvd.	Delray Beach, FL 33483
D	Courtney F. Walker	6201 Oak Brook Circle	Huntington Beach, CA 92648

**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

RA LAPOINTE

Date

3/8/02

Daytime Phone #

561-265-2858

CR2E081 (9/01)