

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 10 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000005023

1. Corporation Name

PENTACLE POINT, INCORPORATED

Principal Place of Business

Mailing Address

POST OFFICE BOX 60745
PALM BAY FL 32906-0745

POST OFFICE BOX 60745
PALM BAY FL 32906-0745

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

Applied For

59-3730205

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|---|
| D | WILLIAMS, GAZARIA | 3414 HENRY STREET | MELBOURNE FL 32901 |
| D | ETIENNE, RALPH NO LONGER | 3510 CHANCELORVILLE | EAU GALIE FL 32904 |
| D | CANNON, JOANN | 1101 MILLS STREET | MELBOURNE FL 32901 |
| D | JOHNSON, DORCAS | 1300 ARLINGTON ST #105 | PALM BAY, FLA 32905 |
| | | | 600009052856 02/12/03--01017--008 **236.25 |
| | | | 600009052856 11/18/02--01083--018 **51.25 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, GAZARIA
3414 HENRY STREET
MELBOURNE FL 32901

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

GAZARIA WILLIAMS REQUIRED

Date 19 OCT 00

REGISTERED AGENT MUST SIGN

11. 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:

JOANN CANNON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 OCT 02

Date

Daytime Phone #

CR2040 (9/02)