

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000001327

1. Corporation Name

THE POINT HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

4264 WINTERS CHAPEL RD.  
DORAVILLE GA 30360

Mailing Address

4264 WINTERS CHAPEL RD.  
DORAVILLE GA 30360



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

To Do Business in Florida

02/20/2002

5. FEI Number

Applied For

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
PVST	BARANOWSKI, DONALD S	4264 WINTERS CHAPEL RD.	DORAVILLE GA 30360

300023869173  
10/17/03--01016--010 \*\*61.25

8. Name and Address of Current Registered Agent

FRANKLIN H. WATSON, P.A.  
5365 E. CO. HWY. 30-A, SUITE 105  
SEAGROVE BCH FL 32459

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*[Signature]*

Date 10-18-03

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-03

Date

850-231-3465

Daytime Phone #

CR2ED40 (7/03)

2012

**FRANKLIN H. WATSON, P.A.**

*ATTORNEY AT LAW*

5365 E. COUNTY HIGHWAY 30-A, SUITE 105  
SEAGROVE BEACH, FL 32459

ADMITTED IN  
FLORIDA & ALABAMA

PH: (850) 231-3465  
FAX: (850) 231-3475

October 14, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: The Point Homeowner's Association, Inc.  
Document Number: N02000001327

Dear Sir or Madam:

Enclosed you will find our Application for Reinstatement and check in the amount of \$61.25.

The entity did not receive any other forms or uniforms business report notices, prior to this Notice of Administrative Dissolution or Revocation.

Please accept this letter as a request to waive the reinstatement.

If you need anything further, or have any questions, please do not hesitate to call. You may speak with me or with my assistant Linda (ext. 15).

Sincerely,

  
Franklin H. Watson

FHW/lvt

Enclosures

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201 101  
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