

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT -9 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000005974**

1. Corporation Name

**SOUND POINT STRATEGIES, INC.**

Principal Place of Business

Mailing Address

503 C CENTRE STREET  
FERNANDINA BEACH FL 32034

503 C CENTRE STREET  
FERNANDINA BEACH FL 32034

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

01/19/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3626965

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	SCHOLZ, RITA	503 C CENTRE STREET	FERNANDINA BEACH FL 32034
VD	SCHOLZ, BRANDON	503 C CENTRE STREET	FERNANDINA BEACH FL 32034
VD	SCHOLZ, KENDYL	503 C CENTRE STREET	FERNANDINA BEACH FL 32034

300022021483  
10/15/03--01063--015 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACOBS, ARTHUR I  
401 CENTRE STREET 2ND FL  
FERNANDINA BEACH FL 32034

Name

RITA SCHOLZ

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

503 C CENTRE STREET

Suite, Apt. #, Etc.

City

Fernandina Beach

State

FL

Zip Code

32034

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

*Rita Scholz*  
REGISTERED AGENT MUST SIGN

Date

10/9/03

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: X

*Rita Scholz, Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

CR2E040 (7/03)

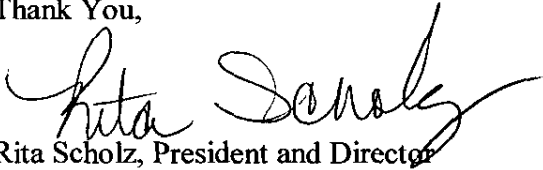
October 9, 2003

Florida Department of State  
PO Box 6327  
Tallahassee, FL 32314-6327

RE: Annual Report

To the best of my knowledge, we did not receive the two prior uniform business report notices. Please excuse our lapse and kindly reinstate our status to active.

Thank You,

A handwritten signature in black ink, appearing to read "Rita Scholz", written in a cursive style.

Rita Scholz, President and Director  
Sound Point Strategies, Inc.  
503C Centre Street  
Amelia Island, Florida 32034