

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 -4 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

01-02

DOCUMENT # P00000059213

1. Corporation Name

CEAR POINT PROPERTIES, INC

2. Principal Office Address

340 LEE ROAD

3. Mailing Office Address

340 LEE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE, FL

4. Date Incorporated or Qualified
To Do Business in Florida

6/8/2000

5. FEI Number

59-3698274

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

Zip

32225

Country

USA

Zip

32225

Country

USA

7. Name and Address of Current Registered Agent

Name

SANFORD STEJMAN

400005108584--9

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

4121 NAKOMA DRIVES,

03/14/02 01064 032

***900.00 ***800.00

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code

32257

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

Sanford Stejman

REGISTERED AGENT MUST SIGN

Date

2/22/02

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
DIR.	KAWKABB ITANI	340 LEE ROAD	JACKSONVILLE, FL 32225

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:

Kawkabb Itani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E01 (9/01)

60