

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000068102

1. Corporation Name

POINTE PREMIUM SERVICES, INC.

Principal Place of Business

8240 S.W. 22ND STREET  
SUITE E-304  
NORTH LAUDERDALE FL 33068

Mailing Address

8240 S.W. 22ND STREET  
SUITE E-304  
NORTH LAUDERDALE FL 33068

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.  
1506 CANARY ISLAND DR.

City & State  
WESTON FL

Zip  
33327

Country

3. New Mailing Office Address, If Applicable

Suite, Apt., #, etc.  
P.O. Box 268176

City & State  
WESTON FL

Zip  
33326

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/13/2000

5. FEI Number

651027033

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DRUMMOND, DAVID	8240 S.W. 22ND STREET, E-304 1506 CANARY ISLAND DR.	NORTH LAUDERDALE FL 33068 WESTON FL 33327
			100004740041--0 -12/26/01--01105--004 ****750.00 ****750.00
			REINSTATEMENT 01

8. Name and Address of Current Registered Agent

DRUMMOND, DAVID A  
8240 S.W. 22ND STREET 1506 CANARY ISLAND DR  
SUITE E-304  
NORTH LAUDERDALE FL 33068 WESTON FL 33327

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.

Signature of  
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

12/4/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/4/01 954-465-7235

CR2E040 (8/01)