

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

02 FEB 25 PM 9:06

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000090001

1. Corporation Name

LITEPOINT, INC

2. Principal Office Address

10680 NW 37 TERR

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33178

Country

U.S.A

3. Mailing Office Address

10680 NW 37 TERR

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33178

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/22/2000

5. FEI Number

65-1044165

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

HELENA MEZA

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

10680 NW 37 TERR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

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

HELENA MEZA
REGISTERED AGENT MUST SIGN

Date

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
P	HELENA MEZA	10680 NW 37 TERR	MIAMI FL 33178

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:

HELENA MEZA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02 (786) 8450909
Date Daytime Phone #

CR2E081 (9/01)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

REF: REINSTATEMENT OF LITEPOINT
DOC# P00000090001

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO LET YOU KNOW THAT WE DID NOT RECEIVED
THE FORM OF UNIFORM BUSINESS REPORT THE PREVIOUS YEAR. WE
MOVED AND OUR ADDRESS IS: 10680 NW 37TH TERR, MIAMI, FL 33178.

PLEASE WAVE THE PENALTY OF \$600.00. WE ARE SENDING YOU A
CHECK FOR THE AMOUNT OF \$300.00 TO PAID FOR 2001 AND 2002.

IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CALL.

THANK YOU

HELENA MEZA

