

\$150.75

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 15 AM 8:00

## REINSTATEMENT

04



10112004 REIN-P CR2E098(6/04) MRS

DOCUMENT # P0000095507			
1. Entity Name CONNECTION'S POINT, INC.			
Principal Place of Business 6963 SW 20TH ST POMPAHO BEACH, FL 33068		Mailing Address 2165 PASA VERDE LANE WESTON, FL 33327	
2. Principal Place of Business <b>2165 PASA VERDE LANE</b>		3. Mailing Address <b>2165 PASA VERDE LANE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>WESTON, FLORIDA</b>		City & State <b>WESTON, FLORIDA</b>	
Zip <b>33327</b>	Country	Zip <b>33327</b>	Country
4. FEI Number <b>65-1045372</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>OCAMPO, FRANCIA 2165 PASA VERDE LANE WESTON, FL 33327</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>-FILE NOW!!! - FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCAMPO, FRANCIA	NAME	<b>500041908775</b>
STREET ADDRESS	2165 PASA VERDE LANE	STREET ADDRESS	<b>10/15/04--01101--001</b>
CITY-ST-ZIP	WESTON, FL 33327	CITY-ST-ZIP	<b>**158.75</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.			
SIGNATURE:		Date: <b>10-11-04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	