

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 25 AM 8:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000 100190

1. Corporation Name

NETPOINT INTERNATIONAL SERVICES INC

REINSTATEMENT 03-04

200041900942  
10/15/04--01039--005 \*\*908.75

2. Principal Office Address

12965 SW 143 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

12965 SW 143 TER

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33186

Country

USA

Zip

33186

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/2000

5. FEI Number

65-1047857

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Cecilia Duarte

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

12965 SW 143 TER

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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

*Cecilia Duarte*

REGISTERED AGENT MUST SIGN

Date

10/11/04

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
D	Alex Duarte	12965 SW 143 TER	Miami, FL 33186
D	Cecilia Duarte	12965 SW 143 TER	Miami, FL 33186

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Alex Duarte*

Date

10/11/04 786-2299423

Daytime Phone #

CR2E081 (01/04)