

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2018 APR -2 PM 1:59

DOCUMENT # **PO1000007512**

1. Corporation Name

**Nonpoint Touring Inc.**

2. Principal Office Address - No P.O. Box #

**3541 SW 21<sup>st</sup> street**

Suite, Apt. #, etc.

3. Mailing Office Address

**5000 Lake street**

Suite, Apt. #, etc.

City & State

**Fort Lauderdale FL**

City & State

**Ramsey NJ**

Zip

**33312**

Country

**USA**

Zip

**07446**

Country

**USA**

**200327337412**

**04/02/19--01010--010 \*\*\$300.00**

CR2E091 (11/10)

4. Date incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

**Elias Soriano**

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

**3541 SW 21<sup>st</sup> street**

Suite, Apt. #, Etc.

City

**Fort Lauderdale**

State

**FL**

Zip Code

**33312**

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

REGISTERED AGENT MUST SIGN

Date **3/25/19**

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.	Elias Soriano	3541 SW 21 <sup>st</sup> street 1	Ft. Lauderdale FL 33312
S.	Robert Rivera	5000 Lake street	Ramsey NJ 07446

**REINSTATEMENT**

**10**

**2018-2019**

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that falsifying information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/25/19**

Daytime Phone #