

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000067222**

1. Corporation Name

CHRISTO POINT, INC.

Principal Place of Business

**202 3rd ST
208 3RD STREET
FORT MYERS FL 33907**

Mailing Address

**202 3rd ST
208 3RD STREET
FORT MYERS FL 33907**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1123906

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPT	WRIGHT, MARJORIE	2236 SOUTHWEST SECOND TERRACE	CAPE CORAL FL 33991
S	WRIGHT, PAMELA SUE	2236 SOUTHWEST SECOND TERRACE	CAPE CORAL FL 33991

**300023957773
10/20/03--01057--029 **150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WRIGHT, MARJORIE
2236 SOUTHWEST SECOND TERRACE
CAPE CORAL FL 33991**

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature of Marjorie Wright]
REGISTERED AGENT MUST SIGN

Date **10/10/03**

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 of Pamela Sue Wright]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature of Dr. Marjorie Wright]
Date **10/10/03** (239) 281-8253

Daytime Phone #

CR20040 (7/03)

Christo-Point Inc.

802 3rd St.

Ft. Myers, FL

33907

October 10, 2003

To Whom This MAY Concern:

After receiving the "dissolution and/or revocation" notice, we were aware that Christo-point inc. never received the proper forms (UBR or Uniform Business report, so, therefore, no filing has been done.

We request that the reinstatement fee can be waived.

Enclosed is the filing fee of \$150.00.

Any further information, please call (239) 283-2387

Sincerely
Dr. Mary Wright
President