PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 12 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000101479 9

1. Corporation Name: POINT TO POINT CORP

2. Principal Office Address	3. Mailing Office Address
3900 NW 79AV	3900 NW 79 AV
Suite, Apt. #, etc.: 204	Suite, Apt. #, etc.: 204
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33166 Country: DADE	Zip: 33166 Country: DADE

800021911208
11/24/03--01010--001 **750.00

4. Date Incorporated or Qualified To Do Business in Florida: 10/31/2001

5. FEI Number: 65 1148005 ☐ 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: GUIDO GUERRA

Street Address (P.O. Box Number is Not Acceptable): 9351 SW 8 ST

Suite, Apt. #, Etc.:

City: PEMBROKE PINES State: FL Zip Code: 33025

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: Guido Guerra (REGISTERED AGENT MUST SIGN) Date: 11-11-03

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	SISTO L CARRERA	3900 NW 79 AV Suite 204	MIAMI FL 33166
V	CARLOS A. ALEMAN	3900 NW 79 AV Suite 204	MIAMI FL 33166
T	GUIDO E GUERRA	3900 NW 79 AV Suite 204	MIAMI FL 33166

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: Guido Guerra 11-11-03 3055560550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #