## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS		FILED 2007 OCT 11 AM 8: 11
DOCUMENT # P0200000 4652		SECRETARY OF STATE	
DOCUMENT # P0200000 4652 1. corporation Name Pointing Des Services, Inc			ALLAHASSÉE, FLORIDA
2. Principal Office Address - No P.O. Box # 3. Mailing O			Q)
2. Principal Office Address No P.O. Box #  3. Mailing Office Address  1504 Brook wood R 1504 Brookwood R  Sulte, Apt. #, etc.  Suite, Apt. #, etc.			CR2E081 (1/07)
	otc.		orated or Qualified ness in Florida
JACKSONOILE, FL TACKSONVILLE, FL		5. FEI Numbe	
32207 RULA 3220	7 RUAL	6. CERTIFICATE	OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent  Name		No so	instatement fee is imposed, except in
Street Address (P.O. 50x Number is Not Acceptable)		circumstances which the entity did not receive the prior notices. By checking this box, you	
Sulte, Apt. #, Etc.		are certifying the prior notices were not received and requesting the reinstatement	
City MIAMI	State Zip Code FL 33245		waived.
8. I, being appointed the registered agent of the above named corporation, and sample with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent Date 10/80  REGISTERS ED AGENT/MUST SIGN			
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
Pros Andrew B Malville 1504 Brookwas		dRL	JACKSOUNIEFZ 32207
SCC Hocas B Melville	1504 Brookwood	LR1	Trebsoutly, FL 32707
Tr Ascru B Melville	1504 Brockwood	Rs.	Tucksouth FL 32207
	DEING	1971	2/0701071002 **750.00
REINSTATEMENT 03-01			
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 807 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the emporate 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 application is true and accurate, and my signature shall have the samplegal effect as if made under oath.  SIGNATURE:			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days Daytime Phone #			