

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 25 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000043338

1. Corporation Name

CHECKPOINT OF PINELLAS INC

2. Principal Office Address

6236 66TH STREET NORTH

Suite, Apt. #, etc.

City & State

PINELLAS PARK, FL

Zip

33781

Country

USA

3. Mailing Office Address

6236 66TH STREET NORTH

Suite, Apt. #, etc.

City & State

PINELLAS PARK, FL

Zip

33781

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/2002

5. FEI Number

04-3651211

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

TAMATHA LEE COPLEY

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

6742 31ST TERRACE NORTH

Suite, Apt. #, Etc.

City

SAINT PETERSBURG

State

FL

Zip Code

33710

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

Tamatha Lee Copley
REGISTERED AGENT MUST SIGN

Date 09-22-2003

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	TAMATHA-LEE-COPLEY	6742-31ST-TERRACE NORTH	SAINT PETERSBURG, FL-33710

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:

Tamatha Lee Copley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-22-2003 727-545-8998

Date

Daytime Phone #

CR2E081 (10/02)



**Checkpoint of Pinellas,
Inc.
Income Tax Services**

6236 66TH ST N
PINELLAS PARK, FL 33781

PHONE 727-545-8998
FAX 727-545-9958



DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

REFERENCE: REQUESTING A WAIVER OF FEE FOR REINSTATEMENT

I AM A NEW CORPORATION, AND I DID NOT RECEIVE ANY REQUEST TO FILE THIS FORM. I PAID A SERVICE TO FILE MY CORPORATION DOCUMENTS AND WAS NOT AWARE THAT THERE WAS ANY YEARLY DOCUMENT REQUIRED. I AM A SMALL BUSINESS WITH NO OTHER OFFICERS. I WAS LOOKING FOR A CERTIFICATE OF STATUS FOR OTHER BUSINESS PURPOSES AND FOUND MY CORPORATION TO BE INACTIVE DUE TO NOT FILING.

I AM STILL NOT SURE IF I AM TO INCLUDE BOTH THE REINSTATEMENT FORM AND THE UBR FORM IN THIS FILING. I HAVE TRIED TO CALL EVERY TELEPHONE NUMBER I CAN FIND AND I JUST GET RECORDINGS THAT DO NOT HELP ME UNDERSTAND WHAT EXACTLY NEEDS TO BE DONE AND WHAT I NEED TO PAY FOR. PLEASE HELP!

I AM INCLUDING A CHECK FOR THE \$150.00, AND A SEPARATE CHECK FOR THE \$600.00, PLEASE CONSIDER WAIVING THIS FEE. NOW I KNOW THAT THIS UBR FORM HAS TO BE FILED EVERY YEAR. I APPOLIGIZE FOR MY IGNORANCE.

PLEASE REINSTATE MY CORPORATION AND SEND ME A CERTIFICATE OF STATUS AS SOON AS POSSIBLE.

THANK YOU,

Tamatha Lee Copley

TAMATHA LEE COPLEY