




2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000051223						<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">06 NOV -9 AM 11:08</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>					
1. Entity Name POINTE MARKETING SERVICE, INC.				Principal Place of Business 1700 N MONROE ST, STE 11 TALLAHASSEE, FL 32303							
Mailing Address 1700 N MONROE ST, STE 11 TALLAHASSEE, FL 32303											
2. Principal Place of Business		3. Mailing Address 342 Remington Run Ct						Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tallahassee FL						Zip 32303		Country LEON	
4. FEI Number 50-0003517		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent THOMPSON, CLAYTON L 1700 N MONROE ST, STE 11 TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent							
				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City							
				FL Zip Code							
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____											
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, CLAYTON L 1700 N MONROE ST, STE 11 TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 1.2em;">06 224</div>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 1.2em;">100081789711</div> <div style="font-size: 0.8em;">11/15/06--01015--014 **150.00</div>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: 				CLAYTON L. Thompson 11/9/06 224.9969							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #							