

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 18 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000099855

1. Corporation Name

CENTRE - POINT TRADING INC.

2. Principal Office Address

9312 SUN POINT DR

Suite, Apt. #, etc.

3. Mailing Office Address

9312 SUN POINT DR

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

Zip

33437

Country

USA

City & State

BOYNTON BEACH FL

Zip

33437

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified

To Do Business in Florida SEPTEMBER 13 2002

5. FEI Number

51-0426231

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

LAWRENCE GERSOWSKY

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

9312 SUN POINT DRIVE

Suite, Apt. #, Etc.

City

BOYNTON BEACH FL

State

FL

Zip Code

33437

100040289491

08/18/04--01052--001 \*\*300.00

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

08-15-04

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	LAWRENCE GERSOWSKY	9312 SUN POINT DRIVE	BOYNTON BEACH FL

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:

*[Signature]* L. GERSOWSKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

2 of 2

FILED

Centre- Point Trading Inc  
9312 Sun Point Drive  
Boynton Beach Fl 33437

04 AUG 18 PM 3: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Department of State  
Devision of Corporations

To whom it may concern

As discussed please waive late penalties as  
My address changed and I did not receive  
The annual renewal forms.

Thanking you



Lawrence Gersowsky

08/16/04