

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 18 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000116817

**1. Corporation Name**

IPOINT - EXPORT SERVICE CENTER, INC.

**2. Principal Office Address**

10345 Boynton Place Circle

Suite, Apt. #, etc.

City & State

Boynton Beach, Florida

Zip

33437

Country

**3. Mailing Office Address**

10345 Boynton Place Circle

Suite, Apt. #, etc.

City & State

Boynton Beach, Florida

Zip

33437

Country

**REINSTATEMENT** 03  
200024805052  
11/18/03--01055--005 \*\*150.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/30/2002

**5. FEI Number**

01-07500177

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

ARAUJO, TEOFILLO

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

10345 BOYNTON PLACE CIRCLE

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33437

**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

Date

11/13/2003

REGISTERED 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
D/P/S/T	ARAUJO, TEOFILLO	10345 BOYNTON PLACE CIRCLE	BOYNTON BEACH, FL 33437

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TEOFILO ARAUJO

11/13/2003 561-735-7982

Date

Daytime Phone #

CR2001 (10/02)

November 13, 2003

Division of Corporation  
P.O. BOX 6237  
Tallahassee, Florida 32314

Ref: IMPORT – EXPORT SERVICE CENTER, INC.  
Doc # P01000116817

Dear Sir or Madam:

As per our telephone conversation on Wednesday, November 13, 2003 with your department, please be advice that we never receive your correspondence related to our Corporation Annual Report and or Dissolution notice. After a notification of my accountant when we star doing our bookkeeping paper, she realize that the corporation is dissolved and the original address was our home that we move at the beginning of this year.

Enclosed please find the Reinstatement form and a check for \$150.00 for the Year 2003 as was instructed by your department.

Please note our correct address is:

10345 Boynton Place Circle  
Boynton Beach, FI 33437

Thank you for your attention,



Teofilo Araujo  
President