


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000126301 1. Entity Name POINTLESS PRODUCTIONS, INC.						05 OCT 11 AM 9:36 RECEIVED MAIL ROOM	
Principal Place of Business 510 S. RAMONA AVENUE LAKE ALFRED, FL 33850				Mailing Address 510 S. RAMONA AVENUE LAKE ALFRED, FL 33850			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. PER Number 13-4234119				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">REINSTATEMENT</div> <div style="font-size: 1.5em; font-weight: bold; position: absolute; top: -20px; right: -20px;">85</div>			
6. Name and Address of Current Registered Agent BONIFAY, SHANE P 510 S. RAMONA AVENUE LAKE ALFRED, FL 33850							
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	600060489996 10/11/05--01045--004 **150.00		
NAME	BONIFAY, SHANE P		NAME				
STREET ADDRESS	510 S. RAMONA AVENUE		STREET ADDRESS				
CITY-ST-ZIP	LAKE ALFRED, FL 33850		CITY-ST-ZIP				
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BONIFAY, BETTY N		NAME				
STREET ADDRESS	510 S. RAMONA AVENUE		STREET ADDRESS				
CITY-ST-ZIP	LAKE ALFRED, FL 33850		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Betty N Bonifay</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10/6/05 <small>Date Daytime Phone #</small>			

B. Mitchell OCT 13 2005