## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000027873

Entity Name: OPTION POINT, INC.

**FILED** Feb 15, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2019 HARRISON STREET 2545 E SUNRISE BLVD HOLLYWOOD, FL 33020

FORT LAUDERDALE, FL 33304

**Current Mailing Address: New Mailing Address:** 

2545 E SUNRISE BLVD 2019 HARRISON STREET

HOLLYWOOD, FL 33020 FORT LAUDERDALE, FL 33304

FEI Number: 20-0064838 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FEIN, STEVEN A ESQ 900 SOUTH STATE ROAD 7 PLANTATION, FL 33317

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.

SIGNATURE: STEVEN A FEIN

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

BECKINGTON, CHRIS BECKINGTON, CHRIS Name: Name: 2019 HARRISON STREET 2545 E SUNRISE BLVD #231 Address: Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: FORT LAUDERDALE, FL 33304

Title: DVS Title: DVS (X) Change ( ) Addition () Delete

Name: VALADE, RYAN Name: VALADE, RYAN

2019 HARRISON STREET Address: 2545 E SUNRISE BLVD #231 Address: HOLLYWOOD, FL 33020 FORT LAUDERDALE, FL 33304 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS BECKINGTON **DPT** 02/15/2005