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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

06 APR 20 PM 4:00

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05/14/06--01001--017 **450.00

CR2E081 (12/05)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000033997

1. Corporation Name

Ponte Management, Inc.

2. Principal Office Address

1855 S. Ocean Blvd

3. Mailing Office Address

1379 Tucker Road

Suite, Apt. #, etc.

Unit 8

Suite, Apt. #, etc.

City & State

Delray Beach

City & State

Dartmouth, MA

Zip

33483

Country

U.S.

Zip

02747

Country

4. Date Incorporated or Qualified
To Do Business in Florida

March 25, 2003

5. FEI Number

41-2099773

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
Lamont Neiman Interian & Bellet, P.A.

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

2 S. Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 3550

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

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	Paul M. Ponte	1855 S. Ocean Blvd., Unit 8	Delray Beach, FL 33483
D	Paul P. Ponte	1855 S. Ocean Blvd., Unit 8	Delray Beach, FL 33483
D	Kristina Ponte	1855 S. Ocean Blvd., Unit 8	Delray Beach, FL 33483

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 contained in Chapter 119, 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

Date

Daytime Phone #

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Law Offices
Lamont Neiman Interian & Bellet, P.A.

ELLEN BETH BELLET
ALBERTO INTERIAN
ROBERT S. LAMONT
JAN S. NEIMAN
CLAUDIA SANCHEZ FABREGA

MIAMI OFFICE
ONE BISCAYNE TOWER • SUITE 3550
TWO SOUTH BISCAYNE BOULEVARD
MIAMI, FLORIDA 33131
(305) 530-9400
FAX (305) 530-9409

BOCA RATON OFFICE
980 NORTH FEDERAL HIGHWAY
SUITE 440
BOCA RATON, FLORIDA 33432
(561) 391-1266
MIAMI LINE (305) 358-5710

Reply to: Miami Office

April 25, 2006

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Ponte Management, Inc.
Document Number: P03000033997

Dear Sir or Madam:

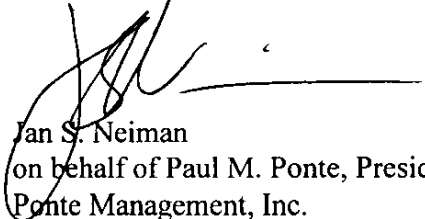
This letter serves as confirmation that the corporation referenced above did not receive the annual report notice issued by the Division of Corporation, which caused the company to be administratively dissolved for failure to file its annual reports.

Please accept the Corporate Reinstatement Form along with the our check number 14687 as payment for the annual reports and supplemental fees and waive the reinstatement fee.

Thank you in advance for your prompt attention to this matter.

Very truly yours,

LAMONT NEIMAN INTERIAN & BELLET, P.A.


Jan S. Neiman
on behalf of Paul M. Ponte, President
Ponte Management, Inc.

JSN/yr
Enclosures