

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000145487

1. Entity Name
POINT LAKE, INC.



Principal Place of Business
2071 NW 30 AVE
FORT LAUDERDALE, FL 33311 US

Mailing Address
2071 NW 30 AVE
FORT LAUDERDALE, FL 33311 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-3140498

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, KEN
2071 NW 30 AVE
FORT LAUDERDALE, FL 33311

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

2071 N.W. 30 Avenue

City Fort Lauderdale FL Zip Code 33311

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 *Ken Stewart*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/23/05

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Ken Stewart
STREET ADDRESS 2071 N.W. 30 Avenue
CITY-ST-ZIP Fort Lauderdale FL 33311

TITLE
NAME
STREET ADDRESS 100054291041
CITY-ST-ZIP 05/11/05--01057--004 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 100054291041
CITY-ST-ZIP 05/11/05--01057--005 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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: *Ken Stewart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/22/05 954-242-2330

FILED

05 MAY -2 PM 5: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03257005 REIN P GR2E008 (6/04)

POINT LAKE INC.
2071 N. W. 30 AVENUE
FT. LAUDERDALE, FL. 33311

Florida Department of State
Division of Corporation
Reinstatement
P. O. Box 6327
Tallahassee, FL. 32314

Dear Sir/Madam

To Whom It May Concern

I was recently informed that Point Lake Inc. was dissolved on October 1, 2004 due to failure to pay the Annual Report Fee. I never received any notices, indicating to me that there was any amount to be paid.

I would appreciate a waiver of the reinstatement fee and a chance to pay only the 2004 annual report fee, now. The annual report fee for the current year of 2005 will be submitted by April 25, 2005. Please find attached a copy of the Reinstatement form along with a check for \$ 150.00

Yours Respectfully

A handwritten signature in black ink, appearing to read 'Ken Stewart', written over a dotted line.

Ken Stewart, President
Point Lake Inc.