

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETION

FILED

04 DEC 28 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000154593

1. Corporation Name

ARROWPOINT HOLDINGS, INC.

2. Principal Office Address

1100 Fifth Avenue South

Suite, Apt. #, etc.

Suite 201

City & State

Naples, FL

Zip

34102

Country

Collier

3. Mailing Office Address

1100 Fifth Avenue South

Suite, Apt. #, etc.

Suite 201

City & State

Naples, FL

Zip

34102

Country

Collier

REINSTATEMENT

04  
MRS

4. Date Incorporated or Qualified  
To Do Business in Florida

Dec. 22, 2003

5. FEI Number

20-1838877

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Naples-Lawdock, Inc.

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

1395 Panther Lane

Suite, Apt. #, Etc.

Suite 300

City

Naples,

State

FL

Zip Code

34109

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

Naples-Lawdock, Inc.

By: Timothy G. Hains Timothy G. Hains,  
REGISTERED AGENT MUST SIGN Its President

Date 12/23/04

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
P, S, D, T	Thomas Flood	1100 Fifth Ave. S., #201	Naples, FL 34102
VP D	John A. Wanklyn	1100 Fifth Ave. S., #201	Naples, FL 34102
Chair D	Malcolm McAlpine	1100 Fifth Ave. S., #201	Naples, FL 34102

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:

Thomas Flood  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

12/21/04

239-649-5445

Daytime Phone #