

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 12 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000137786

1. Corporation Name

CITY POINT WORKERS, INC.

REINSTATEMENT

2. Principal Office Address

7635 WINDOVER WAY

Suite, Apt. #, etc.

City & State

TITUSVILLE, FL

Zip

32780

Country

USA

3. Mailing Office Address

7635 WINDOVER WAY

Suite, Apt. #, etc.

City & State

TITUSVILLE, FL

Zip

32780

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-05-2004

5. FEI Number

90-0215199

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

JOE THOMPSON, JR.

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

7635 WINDOVER WAY

Suite, Apt. #, etc.

City

TITUSVILLE,

State

FL

Zip Code

32780

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

Joe Thompson
REGISTERED AGENT MUST SIGN

Date

1/8/07

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
PRESIDENT	JOE THOMPSON	7635 WINDOVER WAY	TITUSVILLE, FL 32780
TREASURE	JOE THOMPSON	7635 WINDOVER WAY	TITUSVILLE, FL 32780

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:

Joe Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

1/8/07

Daytime Phone #

wayne m chisenhall cpa, pc

Certified Public Accountant
Certified Fraud Examiner

282

1175 Peachtree St NE Suite 1822
Atlanta, Georgia 30361

(404) 897-5503
(404) 897-5521 (Fax)

January 3, 2007

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: City Point Workers, Inc.
7635 Windover Way
Titusville, FL 32780
P04000137786

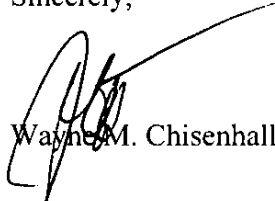
To Whom It May Concern:

My client's, City Point Workers Inc., corporate office has moved from 5070 North Highway US One Cocoa, FL 32927 in the summer of 2005 to its current address. As a result, the corporation did not receive the annual report notices in the year of dissolution/revocation. We, hereby, request that the reinstatement fee be waived.

Attached is a check for \$450 which covers the annual report and corporate supplemental fees for the year of dissolution (2005) through the current year (2007).

If you have any questions regarding the matter, please contact me at the number above.

Sincerely,



Wayne M. Chisenhall CPA, PC