

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000012924

1. Corporation Name

POINTE FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

21845 POWERLINE ROAD  
BOCA RATON FL 33433

21845 POWERLINE ROAD  
BOCA RATON FL 33433

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/18/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0377612

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPTC	BARNETT, STEPHEN H	28145 POWERLINE ROAD	BOCA RATON FL
D	KASSIN, ROBERTO	65 NW 168 STREET	N MIAMI BEACH FL 33169
D	MONTELEONE, RAYMOND	500 NW 12TH AVENUE	DEERFIELD BEACH FL 33442
D	REICH, STUART	185 NW SPANISH BLVD 2240 Date Palm Road	BOCA RATON FL 33433 33432
D	STEIN, ALVIN	8251 W BROWARD BLVD #105	PLANTATION FL 33324
VPS	HOLDS: Dorothy Yacovone	21845 POWERLINE RD	BOCA RATON FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARNETT, STEPHEN H  
21845 POWERLINE ROAD  
BOCA RATON FL 33433

Name

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

700002038357--9

Suite, Apt. #, Etc.

-12/26/96--01026--014

City

\*\*\*\*750.00 \*\*\*\*375.00

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/2/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

96 DEC 20 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

9/6

CR2E040 (7/96)