
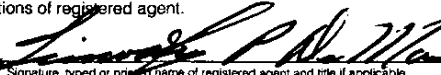



# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P94000048542</b> 1. Entity Name <b>POINT OF FUN INC</b>						<b>FILED</b> <b>08 OCT 23 PM 2:17</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>16791 SE HWY 42</b> <b>WEIRSDALE, FL 32195</b>				Mailing Address <b>16791 SE HWY 42</b> <b>WEIRSDALE, FL 32195</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number <b>59-3247440</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>DE MAN, TIMOTHY P</b> <b>16791 SE HWY 42</b> <b>WEIRSDALE, FL 32195</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 				DATE <b>10-21-08</b>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D</b> <b>DE MAN, TIMOTHY P</b> <b>16791 SE HWY 42</b> <b>WEIRSDALE, FL 32195</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <b>600137210346</b> <b>10/23/08--01025--004 **158.75</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D</b> <b>DEMAN, TRINIDAD G</b> <b>16791 SE HWY 42</b> <b>WEIRSDALE, FL 32195</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <b>REINSTATEMENT</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D</b> <b>BUKEY, JOE</b> <b>10845 GROVE RD</b> <b>CLERMONT, FL 34711</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <b>2008</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				Date <b>10-21-08</b> 407 908 3282			