## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000048542  1. Entity Name POINT OF FUN INC				FILED 08 OCT 23 PM 2: 17
Principal Place of Business 16791 SE HWY 42 WEIRSDALE, FL 32195		Mailing Address 16791 SE HWY 42 WEIRSDALE, FL 3219	5	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10212008 REIN-P CR2E098 (1/07)
City & State		City & State		4. FEI Number Applied For 59-3247440 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
DE MAN, TIMOTHY P 16791 SE HWY 42 WEIRSDALE, FL 32195				s (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.				
SIGNÁTURE TO SIGNÁTURE SI				
Signature, typed or prised name of registered agent and title if applicable. (NOTE: Registered Agent surface required when reinstating)  DATE				
FILE NOWILL FEE IS \$150.00  After January 1, 2009, Fee will be \$300.00  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	DE MAN, TIMOTHY P	☐ Delete	TITLE NAME	Change   Addition
		STREET ADDRESS CITY-ST-ZIP	60013 <b>7</b> 210346 10/23/0801025004 **158.75	
TITLE	D D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	DEMAN, TRINIDAD G 16791 SE HWY 42		NAME STOCK ADDRESS	_ , _
CTTY-ST-ZIP	WEIRSALE, FL 32195		STREET ADDRESS CITY-ST-ZIP	•
TITLE	D D	Delete	TITLE	REINSTATEMENT
NAME STREET ADDRESS			NAME STREET ADDRESS	
			CITY-ST-ZIP	7/508
TITLE NAME		☐ Delete	TITLE NAME	Change Addition
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	~ M ·
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CITY-ST-ZIP	and it. that the information are all and it.	that is filled along the second of the second	CITY-ST-ZIP	and in Chamber 11D. Florida Chabban I forther and in the Unit of State of S
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.				
changed	d on this report or supplemental report rporation or the receiver or trustee emp	is true and accurate and that powered to execute this repor	my signature shall have th t as required by Chapter 6	e same legal effect as if made under oath; that I am an officer or director - [