


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 05 MAY 12 AM 10:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 98-05

4. Date incorporated or Qualified To Do Business in Florida 06/20/07 8-1-94 MAY 5 2005
 5. FEI Number 65-0511649 Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000057180
 1. Corporation Name
 GREAT POINT ENTERPRIZES, INC.

2. Principal Office Address 363 SW 27th AVE Suite, Apt. #, etc.		3. Mailing Office Address 363 SW 27th AVE Suite, Apt. #, etc.	
City & State DELRAY BEACH, FL.		City & State DELRAY BEACH, FL.	
Zip 33445	Country PALM BEACH	Zip 33445	Country PALM BEACH

7. Name and Address of Current Registered Agent

Name JANE M. REILLY
 Street Address (P.O. Box Number is Not Acceptable) 363 SW 27th AVE 900055189409
 Suite, Apt. #, Etc. 05724705--01045--006 **1803.75
 City DELRAY BEACH, FL. State FL Zip Code 33445

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 *Jane M. Reilly* Date 5-10-05
 REGISTERED AGENT MUST SIGN

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
PTD	JANE M. REILLY	363 SW 27th AVE	DELRAY BEACH, FL. 33445

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: *Jane M. Reilly* Date 5/10/05 Daytime Phone # 561-414-3800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)