

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

98 MAR -9 PM 3: 32  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000074915**  
 1. Corporation Name **POINT PLAZA, INC.**  
**19 H GARDNER ROAD**  
**FAIRFIELD N.J. 07004**

Principal Place of Business **POINT PLAZA, INC.** Mailing Address **1/0 SARA ENTERPRISES**  
**19 H GARDNER ROAD**  
**FAIRFIELD N J 07004** (~~198~~ 3049)

**REINSTATEMENT**

96-98  
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2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>10/7/94</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>22-3480582</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PRES.	GRACE SANTOS	19 H GARDNER RD.	FAIRFIELD, NJ 07004

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 -03/10/98--01089--010  
 \*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent  
**WILLIAM B. SHERMAN**  
**2014 SE PORT ST. LUCIE BLVD.**  
**PORT SAINT LUCIE, FL 34952**

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City 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 *[Signature]* Date **7/22/97**  
 REGISTERED AGENT MUST SIGN

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GRACE SANTOS, PRES.**  
 Date **7/22/97** Daytime Phone # **1-800-361-4493**

CR2ED40 (12/96)