PLEASE READ A	ALL INSTRUCTIONS	BEFORE COMP	PLETING THIS FORM.	
APPLICATION FOR 97	Sa gra B. Mor tret ្រុស S	tate	FILED	O
DOCUMENT # P95 00	O(N/N)	ATIONS	97 NOV 24 PM 1: 15	
1. Corporation Name To the Point	Software	Inc.	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 16266 N.W 14CT Pembroke Pines FL 33028-	Mailing Address ≤ A M	E		
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable		Applicable 4. Da	te Incorporated or Qualified Do Business in Florida	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FE	1 Number	Applied For
City & State	City & State	6.	5-0557442-	Not Applicable
Zip Country	Zip Country		RTIFICATE OF STATUS DESIRED for a Certi	ficate of Status
7. Names and Street Addresses of Each Officer and/o Name of Officers and/or Directors 2	Stre Off	eet Address of Each deer and/or Director de Post Office Box Numbers	City / State / Zip	
President PAMON MUR. Vise Desident Grace Mur	10 16266	N.W 14eT N.W 14eT	Pembroke Pine	
Maria Cicare More	1 (10 10200	10.00	1 Pm Orbits / Thes	1033020
			70000236145 -12/02/9701105 ****165.00 ***	
~ .				A
8. Name and Address of Current Registered Agent Name			me and Address of New Registered Agent	
11366 N.W 14 CT		Street Address (P.O. Box	Number is Not Acceptable)) 1 282580
Crace Murillo 16266 N.W 14 CT Pembroke Pines fl 330>8		Suite, Apt. #, Etc.	State Zip Co	
10. I, being appointed the registered agent of the above named corporation, and familiar with and accept the oblig Signature of Registered Agent REGISTERED AGENT MUST SIGN			s of Section 607.0505, F.S. Date 11/12/97	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (Sec other side for information on intangible tax.)				
12. I certify that I am an officer or director or the receiver or trusted 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 name of individuals lightly 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 favority same regal effect as if made under oath.				
SIGNATURE: STRATURE AND TYPES OB BEIN	TEN NAME OF SIGNING OFFICER OR D	IRECTOR	11/12/97 (954)	704-9487



To the Point Software, Inc.

To: Florida Department of State Re-Instatement Office

At the beginning of 1996 our company moved from 11825 S.W. 18th Terrace, #75, Miami, Florida 33175 to 16266 N.W. 14th Court, Pembroke Pines, Florida 33028. As a result of the relocation and being ill advised by our accountant, we never received the report form for the year.

Since we weren't selling taxable items for the whole year, we didn't know that there was such a report that we needed to file.

We are going to start selling taxable products thus we have the need to get our number back. Last week, we talk to an officer in your department and he told us that we only needed to pay \$165.00 to re-instate the company. He also told us that the fees could be waved because we never received the pertinent forms to file.

Please, make a note on your records about our new address.

Should you have any questions, please contact us at (954) 704-9487 or write to us at 16266 N.W. 14th court, Pembroke Pines, Florida 33028.

Regards,

To the Point Software, Inc. Ramon Murillo, President