PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 20 AM 10:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000013441**

1. Corporation Name

POINTE INVESTMENT SERVICES, INC.

Principal Place of Business	Mailing Address
c/o R. Carl Palmer, Jr. 21845 POWERLINE RD. BOCA RATON FL 33433	c/o R. Carl Palmer, Jr. 21845 POWERLINE RD. BOCA RATON FL 33433

REINSTATEMENT 96 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/16/1995

5. FEI Number: ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	R. Carl Palmer, Jr.	21845 POWERLINE RD.	BOCA RATON FL 33433
D	Roberto Kassin	65 NW 168th Street	N. Miami Beach, FL 33169
D	Stuart Reich	2240 Date Palm Road	Boca Raton, FL 33432

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-12/26/96--01026--014
****750.00 ****375.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301	Name: Dorothy Yacavone Street Address (P.O. Box Number is Not Acceptable): 21845 Powerline Road Suite, Apt. #, Etc.: City: Boca Raton, State: FL Zip Code: 33433

CR2E040 (7/96)

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: Dorothy K. Yacavone REQUIRED — Date: Dec. 12, 1996
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: R Carl Palmer R Carl Palmer, Jr. 12/12/96 561-361-1614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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