

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 9/6/98
REINSTATEMENT



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

APPROVED
AND
FILED

98 APR 27 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000017193

1. Corporation Name
POINT ONE GIFTS INC.

Principal Place of Business

Mailing Address

200002510822--4

-05/05/98--01057--019

****150.00 ****150.00

200002510822--4

-05/05/98--01057--020

****300.00 ****300.00

450 DOUGLAS AVE (OLD ADDRESS)
Altamonte Springs FL.

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

2. New Principal Office Address, If Applicable

7491 IRLB BRON-MEM HWY

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 1st 95

5. FEI Number

59-3300870

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

KISSIMMEE FL

Zip

34747

Country

USA

City & State

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	ISAM S. NASER	9775 BAY VISTA EST.	ORL. FL. 32836
V. Pres.	JIHAD ABU ZAID	8300 ELMPARK DR #729	ORL. FL. 32821

REINSTATEMENT 9/6-98

A. Alan
4/27/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ISAM S. NASER
9775 BAY VISTA EST Blvd.
ORL. FL. 32836

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 4/20/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

ISAM S. NASER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/98
Date

(407) 354-1101
Daytime Phone #

CP2E040 (1/98)