

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN -6 PM 2:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000056452

1. Corporation Name

DEVON POINT CORPORATION

2. Principal Office Address

4240 Galt Ocean Dr.

Suite, Apt. #, etc.

#1703

City & State

Fort Lauderdale, FL

Zip

33308

Country

USA

3. Mailing Office Address

4240 Galt Ocean Dr.

Suite, Apt. #, etc.

#1703

City & State

Fort Lauderdale, FL

Zip

33308

Country

USA

REINSTATEMENT 02-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/20/95

5. FEI Number

65-0594980

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Allison Forsyth-Lucas

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

4240 Galt Ocean Dr.,

Suite, Apt. #, Etc.

#1703

City

Fort Lauderdale

State

FL

Zip Code

33308

600026172926

01/06/04--01068--008 **300.00

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

Allison Lucas

REGISTERED AGENT MUST SIGN

Date 1/27/2003

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
PSTD	Allison Forsyth-Lucas	4240 Galt Ocean Dr. #1703	Fort Laud. FL 33308

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allison Forsyth-Lucas, Pres.

Date

Daytime Phone #

951-646-9678

CR2E081 (10/02)



GunsterYoakley
ATTORNEYS AT LAW

Our File Number: 00024739.09000
Writer's Direct Dial Number: (954) 713-6428
Writer's E-Mail Address: jha@gunster.com

January 5, 2004

VIA SECOND DAY FEDEX

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Reinstatement
Devon Point Corporation

Dear Sir or Madam:

Enclosed is the executed Reinstatement for Devon Point Corporation ("Corporation") along with a check made payable to "Department of State" in the amount of \$300.00 for the Reinstatement filing fee. It is our understanding your records reflect that the Annual Report mailed to the Corporation's mailing address in 2002 was returned to your office for "insufficient mailing address." Therefore, the Corporation is only required to pay \$300.00 to reinstate.

Please contact me should you have any questions or comments.

Sincerely,

Gunster, Yoakley & Stewart P.A.

Jeannie J. Ha, Paralegal

Enclosures

cc: Daniel Lucas
Martin R. Press, Esq.