

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1997 DEC -1 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000071107**

1. Corporation Name

Match Point Services, Inc

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable
435 NW 11th Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
435 NW 11th Street
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
8/23/96

City & State
Boca Raton, FL
Zip
33432 Country
USA

City & State
Boca Raton, FL
Zip
33432 Country
USA

5. FEI Number
65-0736527

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)	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
President	William H. Craven Jr.	435 NW 11th ST	Boca Raton FL 33432

100002364401--5
-12/05/97--01082--011
******165.00 ****165.00**

18
12/1/97

8. Name and Address of Current Registered Agent

Kristine M. Chapman
2000 Glades Rd.
Suite 208
Boca Raton, FL 33431

9. Name and Address of New Registered Agent

Name
William H. Craven Jr
Street Address (P.O. Box Number is Not Acceptable)
435 NW 11th ST
Suite, Apt. #, Etc.
City
Boca Raton State
FL Zip Code
33432

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

W.H. Craven Jr

REGISTERED AGENT MUST SIGN

Date **11/19/97**

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:

W.H. Craven Jr

W.H. Craven Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/19/97**

Daytime Phone # **561-361-1492**

(2)

MatchPoint Services, Inc.
435 NW 11th Street Boca Raton, Fl 33432
Office: (561)361-1492 Fax: (561)394-4719
Email: bocaman1@aol.com

MEMORANDUM

DATE: 11/19/97

TO: Division of Corporations

FROM: Billy Craven, President MatchPoint Services, Inc.

RE: Corporate Reinstatement

The reason the annual report was not submitted was because I thought my attorney was to send it in. I changed my address in June and the Post Office did not forward my mail. I apologize for any inconvenience and I thank you for working with me.