

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 APR 21 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000062409

1. Corporation Name

POINTLOGIC, INC.

Principal Place of Business

880 MANDALAY AVENUE, #S402  
CLEARWATER FL 33767

Mailing Address

POST OFFICE BOX 3122  
CLEARWATER FL 33767

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/17/1997

5. FEI Number

59-3463005

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 3	City / State / Zip 4
P	LAMBERSON, MICHAEL	880 MANDALAY AVE, 5402	CLEARWATER FL 33767

8000003236100-5  
-05/03/00--01018--022  
\*\*\*\*300.00 \*\*\*\*300.00

99-00AR

TS

8. Name and Address of Current Registered Agent

LAMBERSON, MICHAEL J  
880 MANDALAY AVENUE, #S402  
CLEARWATER FL 33767

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

4/3/00

11. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/3/00 727-443-7676  
Daytime Phone #

CR2E040 (8/99)



PAC 2022

Pointlogic, Inc.  
Post Office Box 3122  
Clearwater, FL 33767

April 3, 2000

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Subject: Reinstatement of Pointlogic, Inc.

I am writing in response to a conversation I had with your office. I received a Notice of Administrative Dissolution or Revocation. However, I did not receive a second notice annual report informing me that my annual report for 1998 had not been filed. I am not sure what happened, because I did receive the Notice of Administrative Dissolution or Revocation at the same address I had been using.

I was told that I could file my 1998 annual report with filing fee with my 1999 annual report and the reinstatement fee would not be needed since this is my first problem I've had with your office.

Please find my 1998 and 1999 annual report and filing fee of \$300 included with this letter.

Thank you,



Michael Lamberson  
Pointlogic, Inc.