

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000067457

1. Corporation Name

NORTH POINTE CONSTRUCTORS, INC.

Principal Place of Business

356 WEST HIGH STREET  
OVIEDO FL 32765

Mailing Address

356 WEST HIGH STREET  
OVIEDO FL 32765

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

08/04/1997

5. FEI Number

59-3460118

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
D	POWELL, ERIC	356 WEST HIGH STREET	OVIEDO FL 32765

000004698250--0  
-11/29/01--01047--007  
\*\*\*\*150.00 \*\*\*\*150.00

TS 01482

8. Name and Address of Current Registered Agent

SHAW, THOMAS C  
605 E. ROBINSON STREET STE. 510  
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

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

430 N. MILLS AVE.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32803

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

Thomas C. Shaw

REGISTERED AGENT MUST SIGN

Date

10-31-01

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:

ERIC POWELL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 29/01  
Date

Daytime Phone #

561  
473  
6189

CR2E040 (8/01)

# North Pointe Constructors, Inc.

356 West High Street, Oviedo, Florida 32765

1-407 971-1077

erikpowell@msn.com

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October 29, 2001

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

Re: North Pointe Constructors, Inc. P9700067457

Dear Sir or Madam:

This years' Annual Report Document was not received in the mail by this corporation at its address as required. We are a small firm that would not let a matter as important as this go unattended. Typically over the years we have had timely filings, but it was in response to the document sent. This year no document ever arrived.

We request reinstatement and have enclosed an executed application and the \$150.00 filing fee. Should it be necessary to contact me, my cell number is 561 473-6189.

Sincerely,



Eric Powell, President  
North Pointe Constructors, Inc.