

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
00 MAY 18 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000074905

1. Corporation Name Point Lot Corporation

2. Principal Office Address  
30 N.E 3rd St.

Suite, Apt. #, etc.  
CORP. OFFICES

City & State  
Fort Lauderdale, FL.

Zip 33301 Country USA

3. Mailing Office Address  
Post Office Box 411361

Suite, Apt. #, etc.

City & State  
Melbourne FL.

Zip 32941 Country USA

**REINSTATEMENT** 98-00

4. Date Incorporated or Qualified  
To Do Business in Florida

8/28/97 **SP**

5. FEI Number

☒ 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 Windy Lampert

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

594 Sherwood Ave

Suite, Apt. #, Etc.

City Satellite Beach

State  
**FL**

Zip Code  
32937

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/17/00

**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
Pres. Treas.	<u>BRUCE LAMPERT</u> <u>30 N.E 3rd St</u>	<u>30 N.E 3rd street</u> <u>Fort Lauderdale, FL 33310</u>	<u>Fort LAUD. FL. 33301</u>

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:

Bruce Lampert **Bruce Lampert**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/00 (321) 779-2283  
Date Daytime Phone #