

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY -7 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **PA7000100463**

1. Corporation Name

**CONNECTION Point Inc.**

2. Principal Office Address

**771 Airport Rd N**

Suite, Apt. #, etc.

**# 101**

City & State

**Naples Florida**

Zip

**34104**

Country

**USA**

3. Mailing Office Address

**771 Airport Rd N**

Suite, Apt. #, etc.

**# 101**

City & State

**Naples Florida**

Zip

**34104**

Country

**USA**

**REINSTATEMENT 99-02**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11-24-1997**

5. FEI Number

**593508833**

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

**Patrick Mc Gint**

**600005538638--5**

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

**c/o Kenneth Gordon King PC**

**05/16/02 01004-007**

**\*\*\*1200.00 \*\*\*1200.00**

Suite, Apt. #, Etc.

**720 ORCHID Drive**

City

**Naples**

State

**FL**

Zip Code

**34102**

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

Date

REGISTERED AGENT MUST SIGN

**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
President	Patrick Mc Gint	5140 Cobble Creek Court #201	Naples, FL 34110
Treasurer	Bonnie Ellen Landers	#1 Rivard Road	Naples FL 34112

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

**04/20/02**

Date

**(941) 2522479**

Daytime Phone #

CR2E081 (9/01)

**05/14/02**