2008 FOR PROFIT CORPORATION REINSTATEMENT

 		JIAILMENI	_		
1. Entity Nam	MENT # P97000 Etion point, inc.	100463			ILED 29 PH 5: 02
Principal Place of Business Mailing Address				7 000012	19 111 2: 02
771 AIRPOR		771 AIRPORT RD N		•	5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
#101		#101			N. M. STATE SSEE, FLORIDA
NAPLES, FL 34104 NAPLES, FL 34104					
2. Principal P	lace of Business - No P.O. Box	# 3. Mailing Address			n dell park carr brota ches intest († 128)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			ENTE098 (1/0768
City & State		City & State	City & State		Applied For
Zip	Country	Zip	Country	59-3508833 5. Certificate of Status Desired	\$8.75 Additional Fee Required
:	6. Name and Address of C	urrent Registered Agent		7. Name and Address of New R	<u> </u>
	, , , , , , , , , , , , , , , , , , ,			——————————————————————————————————————	
MCGIRL, F			Street Address	(P.O. Box Number is Not Acceptable	<u> </u>
771 AIRPC #101	ORT ROAD NORTH		rtr. O. DOX MUTTIDEL IS NOT Acceptable	9	
#,101 NAPLES, FL 34104					
.			City		To Code
1					FL Zip Code
8. The above	named entity submits this stater	ment for the purpose of changing its	registered office or registe	ered agent, or both, in the State of Flo	rida. I am familiar with, and accept
the obligations of registered agent.					
S GNATURE					
Signature, typed or profiled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$750.00 luary 1, 2009, Fee will be \$	1900.00			
1					
10.	, , , , , , , , , , , , , , , , , , ,	S AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFI	
TITLE L NAME	T LANDERS, BONNEVIER	☐ Delete	TITLE		Change Addition
STREET ADDRESS	771 AIRPORT ROAD N 10	1	NAME STREET ADDRESS	2001374	\$27782 8013 **750.00
CITY-ST-ZIP	NAPLES, FL 34104	•	CITY-ST-ZIP	10/23/0801033	3U13 **/SU.UU
TİTLE	Р	Delete	TITLE		Change Addition
NAME	MCGIRL, PATRICK	_ Delicie	NAME		Change
STREET ADDRESS	5140 GOBBLE CREEK CO	OURT #201	STREET ADDRESS		
dity-st-zip	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		- ****
STREET ADDRESS			STREET ADDRESS		
Q/TY-ST-ZIP	•		CITY-ST-ZIP		
ÚTLE	m	Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	/h (10	129	NAME STREET ADDRESS		ļ
ÇITY-ST-ZIP	γ ,	1 – 1	CITY-ST-ZIP		
TITLE	 	Delete	TITLE		☐ Change ☐ Addition
ŅAME		LI Delete	NAME		Change Audition
\$TREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY-ST-ZIP		
TITLE		☐ Defete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY-ST-ZIP		
items to the cordination supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and acquirate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this export as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					