

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 DEC 19 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000031712

1. Corporation Name

PIN POINT MARKETING ENTERPRISE, INC.

Principal Place of Business

Mailing Address

2466 ELMORE COURT  
APOPKA FL 32703

2466 ELMORE COURT  
APOPKA FL 32703



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
5164 N OBT

Suite, Apt. #, etc.  
5164 N OBT

City & State  
Orlando FL 32810

City & State  
Orlando FL

Zip  
32810

Country  
Orange

Zip  
32810

Country  
Orange

REINSTATEMENT

00

4. Date Incorporated or Qualified  
To Do Business in Florida

04/03/1998

SP

5. FEI Number

59-3507217

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) | Name of Officers<br>and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| 1        | 2                                    | 3   | 4                  |
| P        | JONES, GINA M                        | 2466 ELMORE CT                                    | APOPKA FL 32703    |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |

400003524494--2  
-01/05/01--01020--019  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JONES, GINA M  
2466 ELMORE COURT  
APOPKA FL 32703

Name  
GINA M. JONES  
Street Address (P.O. Box Number is Not Acceptable)  
5164 N OBT  
Suite, Apt. #, Etc.

City  
Orlando

State  
FL

Zip Code  
32810

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  
12/10/00

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 19.07(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  
12/10/00  
Daytime Phone #