

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 10 PM 12:01

DOCUMENT # 198000044638

1. Corporation Name

NORTHPOINTE REALTY OF FLA. INC.

2. Principal Office Address

12748 Pelaski Road

Suite, Apt. #, etc.

3. Mailing Office Address

15393 CAPE DI. N.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLA.

City & State

JACKSONVILLE, FL

Zip

32218

Country

DUVAL

Zip

32226

Country

DUVAL

4. Date Incorporated or Qualified
To Do Business in Florida

11-30-98

5. FEI Number

69-354

Applied For

3808

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

JAMES F. SCOTT

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

15393 CAPE DI. N.

Suite, Apt. #, Etc.

JACKSONVILLE

City

JACKSONVILLE

State

FL

Zip Code

32226

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

REGISTERED AGENT MUST SIGN

Date

10/11/02

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
ALL OFFICERS	JAMES F. SCOTT	15393 CAPE DI. N.	JACKSONVILLE, FLA.

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

Date

Daytime Phone #

10/12/02 (904) 757-3218

CR2E081 (9/01)

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**JIM AND KATHY SCOTT
15393 CAPE DRIVE NORTH
JACKSONVILLE, FLORIDA 32226**

10/11/02

TO WHOM IT MAY CONCERN,

**PLEASE FIND ENCLOSED MY CHECK FOR \$300.00 TO RE-INSTATE MY
COMPANY. ALL FURTHER MAILINGS AND NOTICES SHOULD BE SENT TO THE
ABOVE ADDRESS TO AVOID PROBLEMS IN THE FUTURE.**

**I AM SORRY THIS TOOK SO LONG TO CORRECT, BUT I ONLY BECAME AWARE
OF THE PROBLEM OCTOBER 2, 2002.**

THIS SHOULD NOT HAPPEN AGAIN.

YOURS TRULY,


JAMES F. SCOTT