

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
2000 UBL  
DIVISION OF CORPORATIONS

FILED

00 OCT 23 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P98000105456

1. Corporation Name

START POINT, CORP.

Principal Place of Business

Mailing Address

16909 N BAY RD  
406  
SUNNY ISLES BCH FL 33160

16909 N BAY RD  
406  
SUNNY ISLES BCH FL 33160

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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/1998

Suite, Apt. #, etc.

17100 Collins Av. #108

Suite, Apt. #, etc.

16909 N. Bay Rd #406

City & State

Sunny Isles Bchs. FL.

City & State

Sunny Isles Bchs. FL.

Zip

33160

Country

U.S.A

Zip

33160

Country

U.S.A

5. FEI Number

65-0883281

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	SERRANO, TERESA	16909 N BAY RD #406	SUNNY ISLES BCH FL 33160
VSD	ARISTEGUI, JORGE	16909 N BAY RD #406	SUNNY ISLES BCH FL 33160
VSD	HARISTEGUY, JORGE	16909 N. Bay Rd. # 406	Sunny Isles Bchs. FL, 33160

8. Name and Address of Current Registered Agent

JAROSTEGUY, JORGE  
16909 N BAY RD #406  
SUNNY ISLES BCH FL 33160

9. Name and Address of New Registered Agent

Name HARISTEGUY, JORGE  
Street Address (P.O. Box Number is Not Acceptable)  
16909 N. Bay Rd.  
Suite, Apt. #, Etc.  
Apt # 406  
City Sunny Isles Bchs. State FL Zip Code 33160

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 10-17-00

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 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/00 (305) 944-5630 KE

**Start Point Corp.**

20f2

17100 Collins Av. #108  
16909 N. Bay Road #406  
Sunny Isles Bchs., FL 33160  
USA

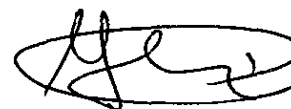
◆  
Phone 305 944 1616  
Fax 305 944 5630  
Email jharisteguy@hotmail.com

October 18, 2000

To whom it may concern,

Recently I've received from the Florida department of state an application for reinstatement, document number **P98000105456**. This document says that because I didn't answer the first two notices we have, in order to keep the corporation active, to send together with this third notice the amount of \$750. Since I'm in charge of the management of this corporation, I understand that there's been a mistake. We never received the first or second notices that the document mentions. Therefore we were unaware of this documents and how they would affect the status of the corporation.

Sincerely,



Jorge Haristeguy.