


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

01 OCT 29 PM 1:29

DOCUMENT # P99000024717

1. Corporation Name

NEW POINT CONSTRUCTION INC.

2. Principal Office Address
11519 SE 8th ave.

3. Mailing Office Address
PO Box 152046

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cape Coral, FL, 33990

City & State
Cape Coral, FL 33914-2046

Zip
33990

Country
USA

Zip
33914-2046

Country
USA

4. Date incorporated or Qualified To Do Business in Florida

March 12, 1999

5. FEI Number
65-0906613

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

FELIPE AMAYA

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

1519 SE 8th AVE.

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33990


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

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
	FELIPE AMAYA	1519 SE 8th AVE.	CAPE CORAL FL. 33990

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

10/25/01

Date

(941) 826-4211

Daytime Phone #

New Point Construction Inc.

P.O. Box 152046
Cape Coral, Florida, 33915-2046
Tel. (941) 772-1720
Fax. (941) 772-3341

Att: Department of State
Division of Corporation
P.O.Box 6327
Tallahassee, FL 32314

October 25, 2001

Plaase find enclosed the corporation Reinstatement
application with acheck for three hundred dollars
(300.00).

The corporation never received the appication.

If you have any question please fill free to contac-
me at (941)826-4211.

Sincerely,
Felipe Amaya.

FPA