

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

UPE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 20 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000024717**

1. Corporation Name

NEW POINT CONSTRUCTION INC.

Principal Place of Business

**1519 SE 8TH AVE
CAPE CORAL FL 33990**

Mailing Address

**P.O. BOX 152046
CAPE CORAL FL 33914-2046**



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

03/12/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0906613

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	AMAYA, FELIPE	1519 SE 8TH AVE	CAPE CORAL FL 33990

300012973393
02/21/03--01111--005 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**AMAYA, FELIPE
1519 SE 8TH AVE
CAPE CORAL FL 33990**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

2/3/03

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 #

2/3/03 (239) 772-1720

CR2E040 (8/02)

New Point Construction Inc.

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

February 14, 2003

Department of State
Division of Corporation
P.O. Box 6327

Re: Reinstatement for New Point Construction Inc.

To Whom It May Concern: Enclosed find a check for \$300.00 for the Reinstatement fee.

Please excuse me for not filing on time but I did not received the 2002 Uniform Business report. Thank you for your consideration.

If you have any question please fell free to call me.

Sincerely


Felipe Amaya