

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 29 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99000034657

1. Corporation Name
QPoint, Inc.

2. Principal Office Address
2121 NW 58 Terrace

3. Mailing Office Address
2121 NW 58 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Gainesville

City & State
Gainesville

Zip
32605

Country
USA

Zip
32605

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

T. Roberts APR 29 2005

5. FEI Number
59-3593814

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
Richard T. Jones

Street Address (P.O. Box Number is Not Acceptable)
408 W. University Avenue

Suite, Apt. #, Etc.
500

City
Gainesville

State
FL

Zip Code
32601

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/26/05

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
Preside	Errol Travis Butcher	5400 NW 39th Avenue Apt R157	Gainesville, FL 32606
Vice-Pr	Shelby Joe Butcher	2121 NW 58 Terrace	Gainesville, FL 32605
Treasur	Errol Travis Butcher	5400 NW 39 Avenue Apt R157	Gainesville, FL 32606
Secreta	Shelby Joe Butcher	2121 NW 58 Terrace	Gainesville, FL 32605

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 #

4-26-05 352562-9715

CR20041 (01/05)