PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REIN	RPORATION STATEMENT	2	5	DEPARTMENT OF Secretary of State SION OF CORPORATION				3 -2 AM 8 NETARY OF ST HASSEE, FLC		
Point Du Tour Financial , Inc.									1 10	
2. Principal Office Address V(12200132AUC Suite, Apt. #, etc.			3. Mailing Office Address Suite, Apt. #, etc.			PEINSTATEMENT 03-09				
¥						4. Date Incorporated or Qualified To Do Business in Florida				
City & State		City & State			5. FEI Number Applied For					
zip 3 3	0)8 Country	cowar) Zip	Country		6. CERTIFICATE	OF STATUS DES		Not Applicable ditional Fee require ertificate of Status	
	7. Name and Address of Current Registered Agent									
,	MARI'E P. Lorthe									
	Street Address (P.O. Box Number is Not Acceptable) 1422 N D 132 AU C									
	Suite, Apt. #, Etc.					n 22	0002 2/0401	74435	52 **300.00	
	City Pemk	roke	Pine	s			State Zip	3028	7	
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 PEGISTEDED AGENT MUST SIGN										R2E081
REGISTERED AGENT MUST SIGN / 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)	1	
CEO	CHANS	y Pom	for Fur	1952100/32	AVE.	1. G	Remi	broke Pil	res, F/330	28
vρ	MARIE	Pierre FA	AVIE LOT	The 14221	UW1	BANE	Rem for	ske fine	1, F(33)	028
				شور دیگ . ایند بهدایش این ایندایش	- Amilian Brazaran	- <u></u>			*/ 	ŀ
					,					1
			······					•		1
-										1
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 filling 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: Daytime Phone #										
Date / Daytime Phone #										

POINT DU JOUR FINANCIAL CONSULTANT,INC 1422 NW 132 AVE PEMBROKE PINES,FL 33028

TO WHOM IT MAY CONCERN,

I DID NOT RENEW MY CORPORATION STATUS FOR THE YEAR 2003 BECAUSE I NEVER RECEIVED THE

RENEWAL FORM, PLEASE REINSTATE MY STATUS WITHOUT ANY REINSTATE FEES.

THANK YOU,

CHANDY POINT DU JOUR- CEO