

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000102674

1. Corporation Name

WEST POINT PARTNERS, INC.

Principal Place of Business

9400 S. DADELAND BLVD.
SUITE 720
MIAMI FL 33156

Mailing Address

9400 S. DADELAND BLVD.
SUITE 720
MIAMI FL 33156

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/1999

5. FEI Number

58-2509769

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
DCHR	BERG, ROBERT S	9400 S. DADELAND BLVD. SUITE 720	MIAMI FL 33156
PSD	WEMPLE, STEVEN M	9400 S. DADELAND BLVD. SUITE 720	MIAMI FL 33156

500008613985
10/28/02--01059--009 **750.00

8. Name and Address of Current Registered Agent

CHOOS, S. SCOTT ESQ.
15600 S.W. 288 STREET
SUITE 312
HOMESTEAD FL 33033

9. Name and Address of New Registered Agent

Name

STEVEN M. WEMPLE
Street Address (P.O. Box Number is Not Acceptable)
9400 S. Dadeland Blvd

Suite, Apt. #, Etc.

Suite 720

City

Miami

State

FL

Zip Code

33156

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]
STEVEN M. WEMPLE

Date 10/22/02

11. I certify that I am an officer or director or 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 #

10/22/02

CR2E040 (8/02)