

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# S08899

Entity Name: MATCH POINT, INC.

**FILED**  
**Oct 11, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

30 NW 1ST AVE  
DELRAY BCH, FL 33444 US

**New Principal Place of Business:**

**Current Mailing Address:**

30 NW 1ST AVE  
DELRAY BCH, FL 33444 US

**New Mailing Address:**

FEI Number: 65-0228852

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREEN, MITCHELL F.  
4000 HOLLYWOOD BLVD  
#485 SOUTH  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MITCHELL GREEN

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: SUMMERS, MARK,  
Address: 8712 MAHOGANY AV  
City-St-Zip: SUNRISE, FL

Title: V ( ) Delete  
Name: STOLLE, FRED,  
Address: 20101 NE 25 AVE  
City-St-Zip: N MIAMI BEACH, FL

Title: PD ( ) Delete  
Name: BARON, MARK  
Address: 30 NW 11TH AVE  
City-St-Zip: DELRAY BEACH, FL 33446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK BARON

PD

10/11/2006

Electronic Signature of Signing Officer or Director

Date