

**2007 FOR PROFIT CORPORATION  
REINSTATEMENT**

**DOCUMENT # P05000096716**  
 1. Entity Name  
**SOUTHPARK INC.OF AMERICA**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 FEB 19 PM 2:45

**REINSTATEMENT 06-07**

Principal Place of Business  
 2921 S. FEDERAL HWY.  
 BOYNTON BEACH, FL 33435

Mailing Address  
 2921 S. FEDERAL HWY.  
 BOYNTON BEACH, FL 33435



2. Principal Place of Business - No P.O. Box #  
 3. Mailing Address

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country

01242007 REIN-P CR2E098 (1/07)

4. FEI Number  
 20-3127757 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 KIBRIA, MOHAMMED G  
 847 SOUTHERN BOULEVARD  
 WEST PALM BEACH, FL 33405

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE P  
 NAME KIBRIA, MOHAMMED G  Delete  
 STREET ADDRESS 847 SOUTHERN BOULEVARD  
 CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE VD  
 NAME HAQUE, ASHRAFUL  Delete  
 STREET ADDRESS 2921 S. FEDERAL HWY.  
 CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE P  
 NAME KIBRIA MOHAMMED G  Change  Addition  
 STREET ADDRESS 2921 S. FEDERAL HWY  
 CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS 600089577346  
 CITY-ST-ZIP 02/27/07--01013--031 \*\*300.00

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* Date: 2/15/07 Daytime Phone # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR