

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **S11830**

1. Corporation Name

**SOUTH POINTE HOSPITALITY, INC.**

Principal Place of Business

Mailing Address

1 WASHINGTON AVENUE  
MIAMI BEACH FL 33139-7323

1 WASHINGTON AVENUE  
MIAMI BEACH FL 33139-7323



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/09/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0224834

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	STILLMAN, ALAN	% 1114 FIRST AVENUE	NEW YORK NY 10021
D	LEVINE, MARK	<del>% 1114 FIRST AVENUE</del> 12697 NW 68TH DRIVE	<del>NEW YORK NY 10021</del> PARKLAND, FL 33076
D	DUNN, JAMES M	% 1114 FIRST AVENUE	NEW YORK NY 10021

100004633891-5  
-11/26/01--01083--009  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UNGER, ARTHUR S  
BRICKELL BAY OFFICE TOWER  
1001 BRICKELL BAY DRIVE SUITE 1400  
MIAMI FL 33131

Name

MARK LEVINE

Street Address (P.O. Box Number is Not Acceptable)

12697 NW 68TH DRIVE

Suite, Apt. #, Etc.

City

PARKLAND

State

FL

Zip Code

33076

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.

Signature of  
Registered Agent

*[Signature]*  
SIGNATURE REQUIRED

Date

10/24/01

REGISTERED AGENT MUST SIGN

11. 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]*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/01

Daytime Phone #

305-673-  
6169

CR2040 (8/01)