

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV -6 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000010366

1. Limited Liability Company's Name

SOUTH POINTE DEVELOPMENT LLC

2. Principal Office Address

227 First Street

Suite, Apt. #, etc.

Suite 6

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

227 First Street

Suite, Apt. #, etc.

Suite 6

City & State

Miami Beach, FL

Zip

33139

Country

USA

REINSTATEMENT 2001

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

NONE

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Adele I. Stone, Esquire

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

1946 Tyler Street

Suite, Apt. #, Etc.

City

Hollywood, FL

State

FL

Zip Code

33020

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date 11/05/01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Chapman Ducote	227 First Street, Suite 6	Miami Beach, FL 33139
MGRM	Dieter Utner	227 First Street, Suite 6	Miami Beach, FL 33139

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Chapman Ducote

Date 11/01/01

Daytime Phone # 305.672.8405

Typed or printed name of signing Managing Member/Manager