PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV -9 PM 11:13

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # ~~L00000010366~~ L00000010366

1. Limited Liability Company's Name

SOUTH POINTE DEVELOPMENT LLC

2. Principal Office Address		3. Mailing Office Address	
12000 Biscayne Boulevard		12000 Biscayne Boulevard	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 302		Suite 302	
City & State		City & State	
Miami, FL		Miami, FL	
Zip: 33181	Country: USA	Zip: 33181	Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 08/29/2000

6. FEI Number: 65-1114968 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Adele I. Stone, Esq.

Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 3rd Avenue

Suite, Apt. #, Etc.: Suite 1400

City: Fort Lauderdale | State: FL | Zip Code: 33394

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 10/18/06
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	12000 Biscayne Boulevard Suite 302	Miami, FL 33181
MGRM	Robert Curran	12000 Biscayne Boulevard Suite 302	Miami, FL 33181

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REINSTATEMENT 2006

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 _____ Date 11/3/06 Daytime Phone # 305-891-1932

Typed or printed name of signing Managing Member/Manager: Chapman Ducote