

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

DOCUMENT # ~~L000000103066~~

1. Limited Liability Company's Name

L00000010366

SOUTH POINTE DEVELOPMENT LLC

2. Principal Office Address

12000 Biscayne Boulevard

Suite, Apt. #, etc.

Suite 302

City & State

Miami, FL

Zip
33181

Country
USA

3. Mailing Office Address

12000 Biscayne Boulevard

Suite, Apt. #, etc.

Suite 302

City & State

Miami, FL

Zip
33181

Country
USA

CR2E041 (8/05)

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 ☒

\$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

10/18/04

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