

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV 20 AM 9:16

DOCUMENT # P00000008202

1. Corporation Name

SOUTHPOINTE GROUP, INC.

2. Principal Office Address

965 NOB HILL RD

Suite, Apt. #, etc.

#203

City & State

PLANTATION, FLORIDA

Zip

33324

Country

3. Mailing Office Address

965 NOB HILL

Suite, Apt. #, etc.

#203

City & State

PLANTATION, FLORIDA

Zip

33324

Country

REINSTATEMENT 01

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1000270

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHANCELOE, MARION

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

10271 S.W. 9 LANE

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33025

400004695734 --2  
-11/27/01-01083-015  
\*\*\*\*\*750.00 \*\*\*\*\* 50.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/10/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	CHANCELOE, MARION	10271 S.W. 9 LANE	PEMBROKE PINES, FL 33025

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/01

Date

Daytime Phone #

CR2E081 (9/00)