

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 # P0000008202
1. Corporation Name
 SOUTHPOINTE GROUP, INC.

2. Principal Office Address 965 NOB HILL RD		3. Mailing Office Address 965 NOB HILL	
Suite, Apt. #, etc. #203		Suite, Apt. #, etc. #203	
City & State PLANTATION, FLORIDA		City & State PLANTATION, FLORIDA	
Zip 33324	Country	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
 CHANCELOR, MARLON 400004695734 -- 2
 -11/27/01-01083-015
 Street Address (P.O. Box Number is Not Acceptable) *****750.00 ***** 50.00
 10271 S.W. 9 LANE
 Suite, Apt. #, Etc.

City
 PEMBROKE PINES State FL Zip Code 33025

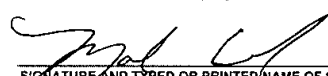
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date 10/10/01
 REGISTERED AGENT MUST SIGN

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	CHANCELOR, MARLON	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:  Date 10/10/01 Daytime Phone #

CR2E081 (8/00)