

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000031785

FILED
Sep 29, 2009
Secretary of State

Entity Name: SOUTH POINT PHARMACY CORP.

Current Principal Place of Business:

1835 W FLAGLER ST STE 204
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

PO BOX 431469
MIAMI, FL 33243

New Mailing Address:

FEI Number: 20-0744539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SUAREZ, NELSON
1835 W FLAGLER ST STE 204
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NELSON SUAREZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SUAREZ, NELSON
Address: PO BOX 431469
City-St-Zip: MIAMI, FL 33243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON SUAREZ

Electronic Signature of Signing Officer or Director

PRES

09/29/2009

Date