

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000053162

**FILED**  
**Nov 05, 2010**  
**Secretary of State**

**Entity Name:** SOUTH POINT ASSET MANAGEMENT, INC.

**Current Principal Place of Business:**

1784 WEST AVE  
NO 3  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

1819 WEST AVE  
NO 1  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1784 WEST AVE  
NO 3  
MIAMI BEACH, FL 33139

**New Mailing Address:**

1819 WEST AVE  
NO 1  
MIAMI BEACH, FL 33139

**FEI Number:** 59-3814818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SORDI, ERMANNO  
1784 WEST AVE  
NO 3  
MIAMI BEACH, FL 33139 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:** ERMANNO SORDI

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** SORDI, ERMANNO  
**Address:** 1784 WEST AVE  
**City-St-Zip:** MIAMI BEACH, FL 33139

**Title:** VP  
**Name:** GARZO, FABIO  
**Address:** 1819 WEST AVE UNIT 1  
**City-St-Zip:** MIAMI BEACH, FL 33139

I hereby 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 all other like empowered.

**SIGNATURE:** ERMANNO SORDI

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11/05/2010

Electronic Signature of Signing Officer or Director

Date