

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 23 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 96000000679

1. Corporation Name

South Pointe Financial Corp.

500003455845--5

-11/07/00--01113--017

\*\*\*\*900.00 \*\*\*\*900.00

2. Principal Office Address

201 CROSS ST  
MIAMI SPRINGS, FL 33166

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

201 CROSS ST  
MIAMI SPRINGS FL 33166

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1-03-1996

5. FEI Number

65-063-1892

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

ALAN ALVAREZ

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

201 CROSS ST

Suite, Apt. #, Etc.

City

MIAMI SPRINGS

State

FL

Zip Code

33166

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

*Alan Alvarez*

Date 10-19-00

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
PRES	ALAN ALVAREZ	201 CROSS ST MIAMI SPRINGS FL 33166	
VP	CARLOS RODRIGUEZ	201 CROSS ST	MIAMI SPRINGS FL 33166

REINSTATEMENT 10-19-00

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:

*Alan Alvarez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-00 305-8838839

Date

Daytime Phone #

CR2E081 (9/99)