

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000000679

**FILED**  
**Mar 23, 2005**  
**Secretary of State**

**Entity Name:** SOUTH POINTE FINANCIAL CORP.

**Current Principal Place of Business:**

320 SOUTH FLAMINGO ROAD  
#293  
PEMBROKE PINES, FL 33027 US

**New Principal Place of Business:**

14179 SW 31 STREET  
MIRAMAR, FL 33027 US

**Current Mailing Address:**

320 SOUTH FLAMINGO ROAD  
#293  
PEMBROKE PINES, FL 33027 US

**New Mailing Address:**

14179 SW 31 STREET  
MIRAMAR, FL 33027 US

FEI Number: 65-0631892

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALVAREZ, ALAN  
320 SOUTH FLAMINGO ROAD #293  
PEMBROKE PINES, FL 33027 US

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

ALVAREZ, ALAN  
14179 SW 31 STREET  
MIRAMAR, FL 33027 US

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: ALAN ALVAREZ

03/23/2005

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: P ( ) Delete  
Name: ALVAREZ, ALAN  
Address: 320 S. FLAMINGO ROAD #293  
City-St-Zip: PEMBROKE PINES, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ALVAREZ, ALAN  
Address: 14179 SW 31 STREET  
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALAN ALVAREZ

PRES

03/23/2005

Electronic Signature of Signing Officer or Director

Date