PLEASE READ	ALL INSTI	RUCTIONS	BEFORE C	COMPLETING THIS FURM.		
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEN Sandra B. Mori Secretary of S		NT OF STATE tham state			
DOCUMENT # P9700003126				98 NOV 16 AM 8:38		
1. Corporation Name  SOUTHPOINTE DEVELOPMENT GROUP, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address				10000269187	1	
10211 Pines Blvd #114 10211 Pines Blvd. # 114 Pembroke Pines, Fl 33025 Pembroke Pines, Fl 33024				-11/19/9801087 ****750.00 *** 10000269187 -11/19/9801087	*750.00 13	
If above addresses are incorrect in any way, line thr  2. New Principal Office Address, If Applicable	above addresses are incorrect in any way, line through incorrect information and enter correction below.  New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			*******8. 75 ***  4. Date Incorporated or Qualified	***8.75	
Suite, Apt. #, etc.	Suite, Apt. #, e	etc.	<del></del>	To Do Business in Florida  January 8,  5, FEI Number	1997	
City & State	City & State			65-0740720	Applied For Not Applicable	
Zip Country	Zip Country		y	6.  CERTIFICATE OF STATUS DESIRED S8.75 Addition for a Certification	onal Fee required Icate of Status	
7. Names and Street Addresses of Each Officer and	or Director (Flori					
Title(s) Name of Officers and/or Directors	Name of Officers Str and/or Directors Offi 3 (Do NOT Us		eet Address of Each icer and/or Director se Post Office Box N			
P MARLON CHANCELOR			16th Stree	et # 207   Pembroke Pines. Fl	33025	
V.P. MARC CHANCELOR	P. MARC CHANCELOR		16th Stree		33025	
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RFINSTATEMENT 48						
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8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent     Name			
MARC C. CHANCELOR 11045 S.W. 16th Street # 207			Street Address (P.O. Box Number is Not Acceptable)			
Pembroke Pines, Florida 33025			Suite, Apt. #, Etc.			
			City	State Zip Cod FL	ie	
10. I, being appointed the registered agent of the above named corporation am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent State Agent State Agent MUST SIGN  Date 10-27-98						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)						
12. 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 turther certify that when filling 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 (MARCON PRESIDENT AND MARC COREY CHANCELOR VICE PRESIDENT Date Daytime Phone B						