

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P. 7

1050.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 17 AM 9:10

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000033119

1. Corporation Name

SOUTHPOINTE SHOPPING CENTER 05 SARASOTA, INC.

2. Principal Office Address

2941 SEASONS BLVD.

3. Mailing Office Address

P.O. BOX 18419

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA, FL

Zip

34240

Country

U.S.A.

Zip

34276

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/10/98

5. FEI Number

65 0832230

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MILFORD INGANAMORT

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

2941 SEASONS BLVD

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34240

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

2/10/05

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
D	ALI SHAYGAN	85 SKYMARK #2203	TORONTO, ONT. CAN. M2H3P2
D	NAHID SHAYGAN	85 SKYMARK #2203	TORONTO, ONT. CAN. M2H3P2
	MOHAMMAD SHAYGAN	85 SKYMARK #2203	TORONTO, ONT. CAN. M2H3P2

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)(f), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05

Date

416 496 1477

Daytime Phone #

CR2004 (01/05)