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#1350.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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 # P98000035166

1. Corporation Name
SOUTH POINTE SHOPPING CENTER PARTNERS, INC.

REINSTATEMENT 01-05

2. Principal Office Address	3. Mailing Office Address
2941 SEASONS BLVD.	P.O. BOX 18419
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL.	City & State: SARASOTA, FL.
Zip: 34240 Country: USA	Zip: 34276 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/16/98

5. FEI Number: 65-0828805 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ NOTE: 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

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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: _____ Date: 2/10/05
REGISTERED AGENT MUST SIGN

CR2E041 (01/05)

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	MOHAMMAD SHAYGAN	85 SKYMARK #2203	TORONTO, ONT, CAN. M2H 3P2
D	ALI SHAYGAN	85 SKYMARK #2203	TORONTO, ONT, CAN. M2H 3P2
D	AFSANEH SHAYGAN	85 SKYMARK #2203	TORONTO, ONT CAN. M2H 3P2
D	REZA SHAYGAN	85 SKYMARK #2203	TORONTO, ONT CAN. M2H 3P2

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: _____ MOHAMMAD SHAYGAN 2/10/05 416 496-1477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #