## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE 07 AUG 15 AM 7: 44 CORPORATION Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # S 11830 1. Corporation Name SOUTH POINTE HOSPITALITY, INC. 2. Principal Office Address 3. Mailing Office Address 1 WASHINGTON AVENUE 1 WASHINGTON AVENUE Suite, Apt, #, etc. Suite, Apt, #, etc. Date Incorporated or Qualified To Do Business in Florida November 9, 1990 City & State City & State 5. FEI Number Applied For MIAMI BEACH, FLORIDA MIAMI BEACH, FLORIDA 65-0224834 Not Applicable Zip Zip Country Country \$8.75 Additional Fee required for a Certificate of Status 33139 **USA** 33139 **USA** CERTIFICATE OF STATUS DESIRED [7] 7. Name and Address of Current Registered Agent United Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 9200 South Dadeland Boulevard ):]4E ##Ĵ[if] 00Suite, Apt. #, Etc. Suite 508 Zip Code Miami 33156 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. Date August 13, 2007 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Titles City / State / Zip Officer and/or Director Pres. Samuel Goldfinger 880 Third Avenue, 4th Floor New York, NY 10022 New York, NY 10022 Sec. Samuel Goldfinger 880 Third Avenue, 4th Floor Treas. 880 Third Avenue, 4th Floor New York, NY 10022 Samuel Goldfinger Eugene Zurriff Dir. 880 Third Avenue, 4th Floor New York, NY 10022 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:

SIGNATURE AND TYP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-07 (212)838-2061

Date Daytime Phone #

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			
1. Corporat	JMENT # tion Name POINTE HOSPITALITY, INC.				
2. Principal Office Address 1 WASHINGTON AVENUE		3. Mailing Office Address 1 WASHINGTON AVENUE		CR2E081 (8/05) 06-0	17
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida November 9, 1990	
City & State MIAMI BEACH, FLORIDA		City & State MIAMI BEACH, FLORIDA		5. FEI Number         Applied F           65-0224834         Not Applie	
Zip 33139	Country USA	Zip 33139	Country USA	6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee refor a Certificate of \$1	equired
		7. Name and	Address of Current Register	ered Agent	ł
	Name United Corporate Services, Inc.  Street Address (P.O. Box Number is Not Acceptable) 9200 South Dadeland Boulevard  Suite, Apt. #, Etc. Suite 508  City Miami State Zip Code 33156				
8. I, being Signature of Registered	appointed the registered agent of the abo	ve named corporation, am	Born	obligations of section 607.0505 or 617.0503, F.S.  Date August 13, 2007	
9. Names	and Street Addresses of Each Officer and	d/or Director (Florida nonpr	ofit corporations must list at le	least 3 directors)	
Titles	Name of     Officers and/or Directors		Street Address of Eac Officer and/or Directo		
Pres.	Samuel Goldfinger	880 Th	aird Avenue, 4th Floor	New York, NY 10022	
Sec.	Samuel Goldfinger	880 Ti	nird Avenue, 4th Floor	New York, NY 10022	
Treas.	Samuel Goldfinger	880 Th	nird Avenue, 4th Floor	New York, NY 10022	
Dir.	Eugene Zurriff	880 Th	ird Avenue, 4th Floor	New York, NY 10022	
	M. d				
this reli owed b on this	nstatement application, the reason for diss by the corporation have been paid and the application is true and accurate, and my s	solution has been eliminate names of Individuals listed	<ul> <li>d, the corporate name satisfier on this form do not qualify for</li> </ul>	s provided for in chapter 607 or 617, F.S. I further certify that when fillings the requirements of section 607.0401 or 617.0401, F.S., that all feer an exemption under section 119.07(3)(i), F.S. The information indicater oath.	es
SIGNA	TURE: SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING O	FFICER OR DIRECTOR	Date Daytime Phone #	-