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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **311830**

1. Corporation Name

SOUTH POINTE HOSPITALITY, INC.

2. Principal Office Address

1 WASHINGTON AVENUE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FLORIDA

Zip

33139

Country

USA

3. Mailing Office Address

1 WASHINGTON AVENUE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FLORIDA

Zip

33139

Country

USA

REINSTATEMENT
OR 22081 (8-03) 08-07

4. Date Incorporated or Qualified

To Do Business in Florida November 9, 1990

5. FEI Number

65-0224834

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

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

FL

Zip Code

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.

Signature of

Registered Agent

See attached

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)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Samuel Goldfinger	880 Third Avenue, 4th Floor	New York, NY 10022
Sec.	Samuel Goldfinger	880 Third Avenue, 4th Floor	New York, NY 10022
Treas.	Samuel Goldfinger	880 Third Avenue, 4th Floor	New York, NY 10022
Dir.	Eugene Zurrieff	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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-13-07 (212)838-2061

Date


Daytime Phone #

@ Mitchell

AUG 16 2007

2082

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
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City & State MIAMI BEACH, FLORIDA		City & State MIAMI BEACH, FLORIDA	
Zip 33139	Country USA	Zip 33139	Country USA
4. Date Incorporated or Qualified To Do Business in Florida November 9, 1990		5. FEI Number 65-0224834	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			
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 FL	Zip Code 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.			
Signature of Registered Agent <u>Michael A. Barn</u>		Date August 13, 2007	
REGISTERED AGENT MUST SIGN			
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SIGNATURE: _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____			
Date _____		Daytime Phone # _____	