


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S57066		
1. Entity Name THE SOUTHPORT GROUP, INC.		

FILED
09 APR -6 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5191 DEERHURST CRESCENT CIR BOCA RATON, FL 33486 US	Mailing Address 5191 DEERHURST CRESCENT CIR BOCA RATON, FL 33486 US
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2. Principal Place of Business - No P.O. Box # 2908 BANYAN BLVD CIR NW Suite, Apt. #, etc.	3. Mailing Address 2908 BANYAN BLVD CIR NW Suite, Apt. #, etc.
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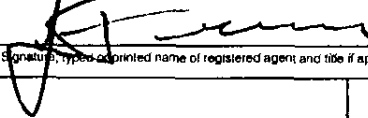
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33431-6334	Zip 33431-6334
Country U.S.	Country U.S.

04/02/09 REINAP CS2E09808T09

REINSTATEMENT

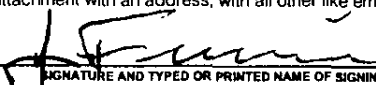
4. FEI Number 65-0279436	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FURNARI, JACK 5191 DEERHURST CRESCENT CIR BOCA RATON, FL 33486	
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7. Name and Address of New Registered Agent Name: JACK FURNARI Street Address (P.O. Box Number is Not Acceptable): 2908 BANYAN BLVD CIR NW City: BOCA RATON FL Zip Code: 33431-6334	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	DATE: 4/3/09
(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FURNARI, JACK 5191 DEERHURST CRESCENT CIR BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FURNARI, JACK 2908 BANYAN BLVD CIR NW BOCA RATON, FL 33431-6334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 4/3/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR