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FROM B R & M P.A.

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Division of Corporations

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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LP/LLLP REINSTATEMENT

VILLA HERMOSA, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$2,000.00

1,000.00

S. HAWKES

DEC 29 2008

EXAMINER

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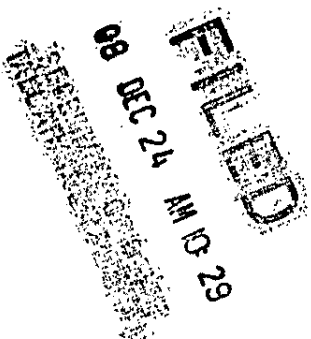
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FAX AUDIT NO.: H08000279452 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # A33546 1. Name of Limited Partnership Villa Hermosa, Ltd.					
2. Principal Office Address - No P.O. Box # 2121 Ponce de Leon Blvd.		3. Mailing Office Address 2121 Ponce de Leon Blvd.			
Suite, Apt. #, etc. PH		Suite, Apt. #, etc. PH			
City & State Coral Gables, Florida		City & State Coral Gables, Florida			
Zip 33134	Country US	Zip 33134	Country US		
4. Date Formed or Registered To Do Business in Florida 10/09/1992					
5. FEI Number 59-0596699				Applies For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$5.75 Additional fee required for a Certificate of Status					
7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records. ☒ A \$600 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$600 penalty fee(s) be waived.					
8. Name and Address of Current Registered Agent Name Registered Agents of Florida, LLC Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2nd Street Suite, Apt. #, Etc. Suite 2900 City Miami					
		State FL	Zip Code 33131		
9. Pursuant to the provisions of section 620.1810 or 620.1808 Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) <u>Charles Bevilacqua</u> DATE <u>12/12/08</u> (REGISTERED AGENT MUST SIGN)					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
10. Name(s) of General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	
Cornerstone Villa Hermosa, Ltd.		2121 Ponce de Leon Blvd, PH		Coral Gables, FL 33134	
Deedco Villa Hermosa, Inc.		141 N.E. Third Ave. Suite 500		Miami, FL 33132	
				10a. Registration Document Number A94000001379 P98000034930	
REINSTATEMENT 2007-08					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is determined exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE <u>Juan & Algers</u>				DATE <u>12/12/08</u>	
Typed or Printed Name of General Partner Signing Form				Telephone Number	

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