

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED  
PARTNERSHIP  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JAN -5 PM 12:52

DOCUMENT #

1. Name of Limited Partnership

A96/1049  
Arete Diversified Hedge Fund, Ltd.

2. Principal Office Address

5551 Ridgewood Dr.

Suite, Apt. #, etc.

Suite 305

City & State

Naples, Florida

Zip

34108

Country

USA

3. Mailing Office Address

5551 Ridgewood Dr.

Suite, Apt. #, etc.

Suite 305

City & State

Naples, Florida

Zip

34108

Country

USA

4. Date Formed or Registered  
To Do Business in Florida

06/03/1996

5. FEI Number

59-3404286

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$424,000

7b. Amount of Capital Contributions in FLORIDA to date:

\$309,000

**FEES:**

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
- 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
- 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, as shown on this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s) and I, the undersigned, accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

REINSTATEMENT 2000  
let 1/8/01

**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

10a.

Registration  
Document Number

Sorrentino Asset Management, Inc.

5551 Ridgewood Dr.

Naples, FL 34108

P98000049930

FF \$1,026.25

700003528117--2  
-01/08/01--01103--018  
\*\*\*1026.25 \*\*\*1026.25

**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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed 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 effects 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

DATE

Typed or Printed Name of General Partner Signing Form

Robert J. Sorrentino

Telephone Number (941) 514-3999