

# 2010 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT# A98000001874

**FILED**  
**Nov 03, 2010**  
**Secretary of State**

**Entity Name:** BLUE WAVES OF DADE COUNTY, LTD.

**Current Principal Place of Business:**

350 NE 60 STREET  
MIAMI, FL 33137 US

**New Principal Place of Business:**

**Current Mailing Address:**

350 NE 60 STREET  
MIAMI, FL 33137 US

**New Mailing Address:**

FEI Number: 65-0876663      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

QUINTERO, LUIS A  
350 NE 60 STREET  
MIAMI, FL 33137 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:  
Name:       QUINTERO, NORMA A  
Address:    350 NE 60 STREET  
City-St-Zip: MIAMI, FL 33137

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:  
Name:       QUINTERO, LUIS A  
Address:    350 NE 60 STREET  
City-St-Zip: MIAMI, FL 33137

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: LUIS A. QUINTERO

MGR

11/03/2010

Electronic Signature of Signing General Partner

Date