

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 18 PM 1:16

LIMITED PARTNER REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

**A98000002063**

DOCUMENT #

1. Name of Limited Partnership

A98000002063

THE HERNANDEZ FAMILY LIMITED PARTNERSHIP

4/16/99

2. Principal Office Address

3. Mailing Office Address

9863 SW 2 Street, Miami, FL

c/o 1390 Brickell Ave, Miami.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Miami, FL

Miami, FL

Zip Country

Zip Country

33174 US

33131 US

8. Name and Address of Current Registered Agent

Name

Alvaro Castillo B., Esq.

Street Address (P.O. Box Number is Not Acceptable)

1390 Brickell Avenue

Suite, Apt. #, Etc.

Suite 200

City

State

Zip Code

Miami

FL

33131

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, submits 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). I hereby 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)

*[Signature]*

000003216800-7  
-04/20/00-01078-003  
\*\*\*\*900.00 \*\*\*\*900.00

**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
THE HERNANDEZ FAMILY CORPORATION	9863 SW 2nd Street	Miami, FL 33174	P98000075943
PERMITS	- 1000.00		000003216800-7
AR	105.00		-04/20/00-01078-002
AR SUPP	177.50		****391.25 ****391.25
	1282.50		
<b>REINSTATEMENT 1999-2000</b>			
<i>[Signature]</i>			

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

*[Signature]*

DATE

4-11-00

Typed or Printed Name of General Partner Signing Form

Mauricio Hernandez

Telephone Number 305-371-5540

CR2E039 (1/1/99)