

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JAN 12 AM 9:41

DOCUMENT # A9200000059

1. Name of Limited Partnership

Playa del Sol, Ltd.

DO NOT WRITE IN THIS SPACE.

2. Mailing Address  
404 Washington Avenue

3. Principal Office Address  
404 Washington Avenue

4. Date Formed or Registered  
To Do Business in Florida 11-16-92

Suite, Apt. #, etc.  
Suite 120

Suite, Apt. #, etc.  
Suite 120

5. FEI Number  
65-0373061

Applied For  
Not Applicable

City & State  
Miami Beach, FL

City & State  
Miami Beach, FL

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

Zip Country  
33139 USA

Zip Country  
33139 USA

7. State or Country of Formation Florida

8a. Capital Contributions as Shown  
on Record  
\$1,368,034.22

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  
2.) Supplemental Fee(s): \$103.75 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.

8b. Amount of Capital Contributions in  
FLORIDA to date  
\$6,912,645.00

Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

Robert R. Threatt  
446 Collins Avenue  
Miami Beach, FL 33139

Name Robert R. Threatt  
Street Address (P.O. Box Number Is Not Acceptable)  
404 Washington Avenue  
Suite, Apt. #, etc.  
Suite 120  
City Miami Beach FL Zip Code 33139

10a. 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)

*Robert R. Threatt*

DATE 1/11/99

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)

Address of Each General Partner  
(Do Not Use Post Office Box Numbers)

City, State and Zip Code

11a. Registration  
Document Number

PDS Overseas, Inc.

Suite 120 Miami Beach, FL  
404 Washington Ave. 33139

P94000007415

Adm - 2,552.50  
AR 437.50  
PRSUPP 88.75  
Cvs - 8.75

REINSTATEMENT 1997-1999

300002741144-2  
-01/14/98--01018--016  
\*\*\*4828.75 \*\*\*3087.50

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 *Robert R. Threatt* General Partner  
Robert R. Threatt

DATE 1/11/99

Typed or Printed Name of General Partner Signing Form

Telephone Number 305-532-2519