

A06000000255

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A06000000255

1. Name of Limited Partnership

Oasma Limited Partnership 07

2. Principal Office Address - No P.O. Box #

2719 Ponce de Leon Blvd.

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

City & State

Coral Gables, FL

City & State

SAME

Zip

33134

Country

USA

Zip

SAME

Country

SAME

8. Name and Address of Current Registered Agent

Name

Valentin Lopez

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

2600 Douglas Road No. 811

City, Apt. #, Etc.

Coral Gables

State

FL

Zip Code

33134

I, Pursuant to the provisions of section 620.1810 or 620.1908, 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)

Valentin Lopez

(REGISTERED AGENT MUST SIGN)

DATE

June 5, 2008

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
Oasma Holdings, LLC	2719 Ponce de Leon Blvd. Coral Gables, FL 33134		L05000121457
	REINSTATEMENT	2007-2008	

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

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 warrant the Division of Corporations from any liability of non-compliance with Chapter 119, Florida Statutes. In the event that the information supplied is deemed exempt from public access, I further certify that the information indicated in 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

Oscar Hidalgo

DATE

June 5, 2008

Printed Name of General Partner Signing Form

Telephone Number

3444 6030

FILED
08 JUN 12 PM 1:15
TALLAHASSEE, FLORIDA

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06/17/08--01004--014 **\$500.00

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06/17/08--01004--015 **\$1500.00

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