

# A06000000255

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
08 JUN 12 PM 1:15  
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **A06000000255**

1. Name of Limited Partnership

**Osma Limited Partnership**

700131389727  
06/17/08--01004--014 \*\*\$500.00

700131389727  
06/17/08--01004--015 \*\*\$1500.00

CR2E039 (1/07)

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

**2719 Ponce de Leon Blvd.**

3. Mailing Office Address

**SAME**

Rule, Apt. #, etc.

**N/A**

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**

Suite, Apt. #, Etc.

City

**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
<b>Osma Holdings, LLC</b>	<b>2719 Ponce de Leon Blvd. Coral Gables, FL 33134</b>		<b>L05000121457</b>
	<b>REINSTATEMENT</b>	<b>2007-2008</b>	

**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 release the Division of Corporations from any liability of non-compliance with Chapter 173, F.S. 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

**Oscar Hidalgo**

Telephone Number

**3444 6030**