

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **A05000001773**

1. Name of Limited Partnership

THE CORUJO FAMILY LIMITED PARTNERSHIP

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

2665 S. Bayshore Dr.

Suite, Apt. #, etc.

Ste 906

City & State

Miami FL

Zip

33133

Country

USA

3. Mailing Office Address

2665 S. Bayshore Dr.

Suite, Apt. #, etc.

Ste 906

City & State

Miami FL

Zip

33133

Country

USA

8. Name and Address of Current Registered Agent

Name

Jorge L. Gurian

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

2665 S. Bayshore Dr.

Suite, Apt. #, Etc.

Ste 906

City

Miami

State

FL

Zip Code

33133

9. Pursuant to the provisions of section 620.1810 or 620.1909, 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)

(REGISTERED AGENT MUST SIGN)

DATE

9-2-10

**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)

Global JMC Corp.

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

**c/o
2665 S. Bayshore Dr.
Suite 906**

City, State and Zip Code

Miami, FL 33133

10a. Registration
Document Number

F10000003896

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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

DATE

9-2-10

Typed or Printed Name of General Partner Signing Form **Global JMC Corp By: Juan Manuel Corujo, President**

Telephone Number

305 294 101

FILED

10 SEP -8 AM 10:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**600185168926
09/08/10--01029--001 **3061.25**

CR2E039 (05/10)

4. Date Formed or Registered
To Do Business in Florida

09/19/05

5. FEI Number

20-3516318

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. FEES:

Filing Fee(s): \$411.25 for each year due this office

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records.