

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A11000000361

1. Name of Limited Partnership

OYE INVESTMENTS, LLC

2. Principal Office Address - No P.O. Box #
1500 San Remo Ave.

3. Mailing Office Address
1500 San Remo Ave.

Suite, Apt. #, etc.
Suite 125

Suite, Apt. #, etc.
Suite 125

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip Country
33146 USA

Zip Country
33146 USA

8. Name and Address of Current Registered Agent

Name
Atrium Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1500 San Remo Ave.

Suite, Apt. #, Etc.
Suite 125

City
Coral Gables

FL Zip Code
33146

4. Date Formed or Registered
To Do Business in Florida May 5, 2011

5. FEI Number 80-0730768

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.

E-mail Address:

oye@pnrlaw.com

E-Mail address to be used for future annual report notices.

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.

Atrium Registered
Agents, Inc.

SIGNATURE (Registered Agent Accepting Appointment)

Mark R. Starkman

by Mark R. Starkman

DATE 9/11/13

(REGISTERED AGENT MUST SIGN)

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

M. A. Langa, LLC

11999 SW 248 Street

Miami, FL 33032

M11000002409

S. HAWKES

SEP 13

EXAMINER

REINSTATEMENT

800251678028
09/13/13--01001--013 **2000.00

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 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. I am aware that false information submitted in this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

Mark R. Starkman

DATE

9/11/13

Typed or Printed Name of General Partner Signing Form

MARK R. STARKMAN, Authorized

Telephone Number

305-665-3311