A00000000013

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Called Wr. areaas + adviscal reflective date could not be prop +c folial date of 3/24/08

Office Use Only



200120941712

03/24/08--01046--025 **52.50

08 MAR 24 PM 3: 05

B. THAT APR 0 3 2008



Frank B. Arenas, Esq.

^a Attorney at Law

frank@frankarenas.com www.frankarenas.com (352) 748-3681 Fax P.O. Box 600/1511 Taylor Avenue Coleman, Florida 33521-0600 (352) 748-3678 Phone

February 11, 2008

Florida Dept. of State Division of Corporations P.O. Box 6198 Tallahassee, FL 32314

RE: reinstatement of RGA Properties, Ltd.

Dear Dept. Staff:

Enclosed please find a renewal document for RGA Properties, Ltd. and 2 checks totaling \$2,000.00 in reinstatement fees for the partnership.

My mother has tried in good faith since 5/15/2007 to reinstate this; enclosed please find a copy of the fictitious name renewal which was recently filed and needed for this reinstatement. Thanks in advance for your assistance in this matter and please contact me if you have questions or needed further information.

Sincerely,

C – Mrs. Rita G. Cuervo

10629

Sudiand Parentaises.



March 27, 2008

FRANK B. ARENAS, ESQ P.O. BOX 600 COLEMAN, FL 33521-0600

SUBJECT: RGA PROPERTIES, LTD.

Ref. Number: A00000000013

We have received your document for RGA PROPERTIES, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 808A00018279

Agnes Lunt Regulatory Specialist II

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: REA PROPERTIES, LTD.				
(Na	nme of Florida Limited Par	tnership or Limited Liabilit	y Limited Partnership)	
The enclosed Certifi	cate of Amendment a	nd fee(s) are submitted	for filing.	
Please return all cor	respondence concerni	ng this matter to:		
FRANKE	B. ARENA	3, ESQ		
	(Contact Person)	•		
ATTORNE	Y AT LAU			
	(Firm/Company)	1 a 1 a a 1	ميسه .	
POBOX (20/15/1	TAYLOR AV	£.	
٠	(Address)		~	
COLEM	AN, tL 3	<u>35 21 - 06</u>		
(City, State and Zip Code)			
For further informat	ion concerning this ma	etter inlegge calls		
	. ARENAS	· •	48-6629	
(Name of Cont			aytime Telephone Number)	
Enclosed is a check	for the following amo	unt:	•	
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRES		MAILING A	ADDRESS:	
Registration Section		Registration		
Division of Corpora Clifton Building	tions	Division of C P. O. Box 63	•	
2661 Executive Center Circle Tallahassee, FL 32314				
Tallahassee, FL 323	301	·		

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

	MAN TROPE	人川モフ	人てひ.	- E
	(Insert name currently on fil	e with Florida Der	partment of State)	بب
				→ 3: 05
limited .	t to the provisions of section 620.1202, Fliability limited partnership, whose certification adopts the forpartnership.	cate was filed w		ership or ent of State on
This ame	endment is submitted to amend the following:			
A. If an here:	REGA FACILY P			
	(New name must be distinguish	able and contain	an acceptable suffix.)	• •
4	le Limited Parmership suffixes: Limited Parmersh le Limited Liability Limited Parmership suffixes: ,	,	•	r LLLP.
	nending the registered agent and/or registe istered agent and/or the new registered office		ess on our records, <u>enter t</u>	the name of the
	Name of New Registered Agent:	<u> </u>		
	New Registered Office Address:			
		(Enter	r Florida street uddress)	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

(Zip Code)

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
			Add
			Remove
			Add Remove
			AddRemove
			Add Remove
d partne	ed partnership or limited liability rship" status, enter change here:	- -	
	ed Partnership hereby elects to be a		
	ed Partnership hereby removes its "		
E: If addin	g or removing" limited liability limited po	artnership" status, all gener	al partners must sign this amen
gnibasını	any other information, enter chang	e(s) here: (Attach additio	nal sheets, if nacessary.)

Page 2 of 3

Effective date, if other than the date (Effective date cannot be prior to nor more State.)	of filing: e than 90 days after the da	te this document is filed by	the Florida Department of
Signature(s) of a general partner (*NOTE: Only one current general partner removing a "limited liability limited partne when adding or removing a "limited liability limited	er is required to sign this d ership" election statement.	ocument unless the limited Chapter 620, F.S., require	
Signature(s) of all new or dissocia			
Signature(s) of an new or dissocia	anng generai partner	(S), II any.	
• • • •	\$52.50 \$52.50 \$8.75		