

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 24 PM 3:05

DOCUMENT # A00000000013

1. Name of Limited Partnership

RGA PROPERTIES, LTD.

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

900 Golf View Street South

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33629

Country

USA

3. Mailing Office Address

P.O. Box 320027

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33679

Country

USA

**4. Date Formed or Registered
To Do Business in Florida**

12/27/1999

5. FEI Number

59-3614034

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Frank B. Arenas, Esq.

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

1511 Taylor Avenue

Suite, Apt. #, Etc.

City

Coleman

State

FL

Zip Code

33521-0600

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.

☒ A \$500 penalty is due for each year or part thereof the entity's
certificate of authority was revoked on our records, except in
circumstances which the entity did not receive the prior notices.
By checking this box, you are certifying the prior notices were not
received and requesting the \$500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1810 or 620.1990, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Chapter 629, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

(REGISTERED AGENT MUST SIGN)

DATE

5-15-07

**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
-Cuervo Irrevocable Trust	900 Golf View St. S.	Tampa, FL 33629	607039700023 699364900177
			100119111451 02/29/08--01014--007 **1500.00
			100119111451 02/29/08--01014--008 **500.00

REINSTATEMENT

WOP

2005-2008

WOP

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 629, Florida Statutes.

SIGNATURE

DATE

5-15-07

Typed or Printed Name of General Partner Signing Form

RITA G. CUERVO

Telephone Number

(813) 258-5514