

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

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DOCUMENT # A00000000013

1. Name of Limited Partnership

RGA PROPERTIES, LTD.

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

900 Golf View Street South

3. Mailing Office Address

P.O. Box 320027

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33629

Country

USA

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

9. Pursuant to the provisions of section 620.1810 or 620.1999, 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)

Cuervo Irrevocable Trust

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

900 Golf View St. S.

City, State and Zip Code

Tampa, FL 33629

10a. Registration Document Number

007039700003
099364900177

100119111451
02/29/08--01014--007 **1500.00

100119111451
02/29/08--01014--008 **500.00

REINSTATEMENT

WOP 2005-2008

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

RITA G. CUERVO

DATE

5-15-07

Typed or Printed Name of General Partner Signing Form

RITA G. CUERVO

Telephone Number

(813) 258-5514

W07-27404
CR2E039 (1/07)