


REINSTATEMENT
DOCUMENT # **AD00000000532**

0006834 AF

1. Entity Name
KAGANAS FAMILY LIMITED PARTNERSHIP

Principal Place of Business
**3802 N.E. 207TH STREET
APT 2901
AVENTURA FL 33180**

Mailing Address
**3802 N.E. 207TH STREET
APT 2901
AVENTURA FL 33180**

FILED
02 DEC 10 PH 5:10
SECRETARY OF STATE
FLORIDA


2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE
12/10 2001-2002
4. FEI Number
65-1012396
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LAMONT & NEIMAN, P.A.
2 SOUTH BISCAYNE BLVD
STE 3550
MIAMI FL 33131**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$3,000,000.00**
10. Amount of Capital Contributions in FLORIDA to date.
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000028799	STREET ADDRESS	
NAME	KAGANAS FAMILY MANAGEMENT CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	3802 N.E. 207TH STREET, APT. 2901		
CITY-ST-ZIP	AVENTURA FL		
DOCUMENT #		STREET ADDRESS	900009440349
NAME		CITY-ST-ZIP	12/10/12--10077--006 **2250.00
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date _____ Daytime Phone # _____

CR2E003 (11/00)