

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

03 NOV -7 PM 1:18

**DOCUMENT # A00000000592**

**1. Name of Limited Partnership**

Cisneros Investment Group I, Ltd

**2. Principal Office Address**  
330 Dolias Court

Suite, Apt. #, etc.

City & State

Coral Gables, Fl

Zip  
33143

Country  
USA

**3. Mailing Office Address**  
330 Dolias Court

Suite, Apt. #, etc.

City & State

Coral Gables, Fl

Zip  
33143

Country

**4. Date Formed or Registered  
To Do Business in Florida** April 6, 2000

**5. FEI Number**  
65-0998200

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7a. Capital Contributions as shown on Record:** \$600,000.00

**7b. Amount of Capital Contributions in FLORIDA to date:**  
\$600,000.00

**8. Name and Address of Current Registered Agent**

Name  
Yaquelin Tous

Street Address (P.O. Box Number is Not Acceptable)  
4025 NE 2nd Avenue

Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33137

100024418514  
11/04/03--01062--006 \*\*1026.25

with 1992 calendar year.

**3. Penalty Fee(s):** \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

**9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.**

SIGNATURE (Registered Agent Accepting Appointment)

DATE

11/4/2003

**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**

Cisneros Capital Group Inc  
f/k/a Cisneros Investment Corp

330 Dolias Court

Coral Gables, Fl 33143

P00000033796

REINSTATEMENT

03  
Dec

**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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) if 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.**

SIGNATURE

DATE 11/03/2003

Typed or Printed Name of General Partner Signing Form

James Blanchard Cisneros, President

Telephone Number

305-572-1802