

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A00000000866

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV 19 PM 5:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # A00000000866

1. Name of Limited Partnership

Cisneros Investment Group II, Ltd.

000004702540--8

-12/03/01--01066--021

*****1026.25 ***1026.25**

2. Principal Office Address
330 Dolias Court

Suite, Apt. #, etc.

City & State
Coral Gables, FL

Zip Country
33143 USA

3. Mailing Office Address
330 Dolias Court

Suite, Apt. #, etc.

City & State
Coral Gables, FL

Zip Country
33143 USA

4. Date Formed or Registered
To Do Business in Florida **May 25, 2000**

5. FEI Number **65-1151132** ☐ 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:
\$240,000.00

7b. Amount of Capital Contributions in FLORIDA to date:
\$240,000.00

8. Name and Address of Current Registered Agent

Name
CorpDirect Agents

Street Address (P.O. Box Number is Not Acceptable)
103 North Meridian Street, Lower Level

Suite, Apt. #, Etc.

City State Zip Code
Tallahassee FL 32301

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 - 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 - 3.) Penalty Fees: \$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) 11-19-01 Sam Wolfe **DATE** 11-19-01

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. Adm - 500.00 Ar 437.50 ARsup 88.75 P 1,026.25 | 330 Dolias Court | Coral Gables, FL 33143 | P00000033796 BK 2001 310 |

REINSTATEMENT 2001

BK

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)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) 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 200, Florida Statutes.

SIGNATURE

DATE

11/1/01

Typed or Printed Name of General Partner Signing Form James Blanchard Cisneros, President

Telephone Number (305) 665-0998