

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 21 AM 8:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A00000001076

1. Name of Limited Partnership

M-1 Limited Partnership

W9-15311

2. Principal Office Address - No P.O. Box #
19950 West Country Club Drive

3. Mailing Office Address
Same

Suite, Apt. #, etc.
Tenth Floor

Suite, Apt. #, etc.

City & State
Aventura, FL

City & State

Zip
33180

Country
USA

Zip

Country

100147652581
03/27/09--01003--009 **1500.00
CR2E039 (1/07)

4. Date Formed or Registered
To Do Business in Florida **07/07/2000**

5. FEI Number
65-1035570

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
Mario A. Romine

Street Address (P.O. Box Number is Not Acceptable)
19501 Biscayne Boulevard

Suite, Apt. #, Etc.
Suite 4000

City
Aventura

State
FL

Zip Code
33180

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☒ A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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 1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE **March 18, 2009**
(REGISTERED AGENT MUST SIGN)

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
M-1, Inc.	19950 West Country Club Drive, Tenth Floor	Aventura, FL 33180	P00000065454
REINSTATEMENT 07-09		L. SELLERS APR 22 2009 EXAMINER	

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 620, Florida Statutes.

SIGNATURE _____

DATE _____

Typed or Printed Name of General Partner Signing Form **Jeffrey Soffer**

Telephone Number **March 18, 2009**