

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 AM 11:40

DOCUMENT # A00000001211

1. Name of Limited Partnership

Cisneros Investment Group III, Ltd

2. Principal Office Address

330 Dolias Court

Suite, Apt. #, etc.

3. Mailing Office Address

330 Dolias Court

Suite, Apt. #, etc.

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

July 31, 2000

5. FEI Number

65-1028161

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

Coral Gables, FI

City & State

Coral Gables, FI

Zip

33143

Country

USA

Zip

33143

Country

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

7a. Capital Contributions as shown on Record:

\$125,000.00

7b. Amount of Capital Contributions in FLORIDA to date:

\$125,000.00

FEES:

1. Fee of \$7 per \$1,000 on amount entered in 7a, up to \$50.

100024418471

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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

11/04/2003

**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

330 Dolias Court

Coral Gables, FI 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) 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

11/03/2003

Typed or Printed Name of General Partner Signing Form

James Blanchard Cisneros, President

Telephone Number

305-572-1802