

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A00000002072

1. Name of Limited Partnership

RAMOS HOLDINGS #2, LLLP

2. Principal Office Address - No P.O. Box #
11902 SW 49TH STREET

Suite, Apt. #, etc.

City & State
MIAMI

Zip
33175

Country

3. Mailing Office Address
11902 SW 49TH STREET

Suite, Apt. #, etc.

City & State
MIAMI

Zip
33175

Country

8. Name and Address of Current Registered Agent

Name
ARAZOZA & FERNANDES FRAGA P.A.

Street Address (P.O. Box Number is Not Acceptable)
2100 SALZEDO STREET

Suite, Apt. #, Etc.
SUITE 300

City
CORAL GABLES

State
FL

Zip Code
33134

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)

(REGISTERED AGENT MUST SIGN)

DATE

**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

RAMOS, ALFONSO TRUSTEE

11902 SW 49TH ST

MIAMI FL 33175

300108833353
08/30/07--01034--010 **3500.00

REINSTATEMENT 2001-2007

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

Telephone Number