PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
LIMITED PARTNERSHIP REINSTATEMENT	FLORIDA DEPARTMENT OF STA Secretary of State DIVISION OF CORPORATIONS	1 LED
OCUMENT # A0000002072 Name of Limited Partnership RAMOS HOLDINGS #2, LLLP		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Office Address - No P.O. Box # 11902 SW 49TH STREET uite, Apt. #, etc.	3. Mailing Office Address 11902 SW 49TH STRE Suite, Apt. #, etc.	
ity & State	City & State	4. Date Formed or Registered To Do Business in Florida 12/29/2000 5. FEI Number Applied For ✓ Not Applicable
33175 Country	33175 Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status
8. Name and Address of	Current Registered Agent	7. FEES:
ÄRAZOZA & FERNANDES FRAGA P.A.		Filing Fee(s): \$411.25 for each year due this office.
ZIOUSALZEDO STREET 4		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.
5017E 300		A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in
CORAL GABLES	FL 33134 State	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.
Pursuant to the provisions of section 620.1810 or 620.1909 Plorida Statutes, I havely accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.		
GIGNATURE (Registered Agent Accepting Appointment Albuno Lallo Lal		
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
	REINSTATEM	08/30/0701034010 **3500.00 ENT <u>2001-</u> 2007
Note: General nartners MAY NOT		endment must be filed to change a general partner

1 do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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 the report as required by marter 620, Florida Statules. SIGNATURE. DATE Ramos Typed or Printed Name of General Partner Signing Form _ Telephone Number