

A 01000001279

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 NOV 16 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WC 11/16/04

DOCUMENT # A01000001279

1. Name of Limited Partnership

NOCIE FAMILY LIMITED PARTNERSHIP

REINSTATEMENT 2003-2004

2. Principal Office Address

3903 Lymstone Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

3903 Lymstone Dr.

Suite, Apt. #, etc.

4. Date Formed or Registered

To Do Business in Florida 09/17/2001

5. FEI Number

450472906

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

Cooper City

City & State

Cooper City

Zip

33026

Country

Broward

Zip

33026

Country

Broward

7a. Capital Contributions as shown on Record:

1,000,000.00

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

1,000,000.00

8. Name and Address of Current Registered Agent

Name

Josephine Martinez

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

3903 Lymstone Dr.

Suite, Apt. #, Etc.

City

Cooper City

State

FL

Zip Code

33026

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 Fee(s): \$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)

DATE

10/20/04
9/12/2004

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

Josephine Martinez

3903 Lymstone Dr.

Cooper City, FL 33026

REINSTATEMENT

2003-
2004

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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 620, Florida Statutes.

SIGNATURE

DATE

10/20/04
9/12/2004

Typed or Printed Name of General Partner Signing Form

Josephine Martinez

Telephone Number

904-435-0066

CR2E038 (10/02)