

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A01000001594

1. Name of Limited Partnership

512 Partners, LP

2. Principal Office Address

2601 S. Roosevelt Blvd.

Suite, Apt. #, etc.

505B

City & State

Key West, FL

Zip

33040

Country

USA

3. Mailing Office Address

512 Front St.

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

4. Date Formed or Registered
To Do Business in Florida

5. FEI Number

04-3597083

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$6.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$250,000.00

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

8. Name and Address of Current Registered Agent

Name

Lamont Neiman INTERIAN & BELET, P.A.

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

2 South Biscayne Blvd

Suite, Apt. #, Etc.

Suite 3550

City

Miami

State

FL

Zip Code

33131

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): \$68.75 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 620.1351 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

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)

512 MANAGEMENT
CORPORATIONAddress of Each General Partner
(Do NOT Use Post Office Box Numbers)2601 S. Roosevelt Blvd
505B

City, State and Zip Code

Key West, FL
3304010a. Registration
Document Number

P01000 15221

REINSTATEMENT

02-05

11/09/04 - 01074 - 005 - \$100.00
02/10/05 - 01006 - 016 - \$1518.75
02/10/05 - 01006 - 017 - \$426.25

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 effect 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 822, Florida Statutes.

SIGNATURE

DANTE CAPAS

DATE

12/21/2004

Typed or Printed Name of General Partner

Telephone

305 296-5293

CR2004 (10/02)