

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUN 27 AM 8:57

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** A02000000366

**1. Name of Limited Partnership**

N.R. CABRERA HOLDINGS, LLLP

**2. Principal Office Address**

3401 N.W. 82nd Ave.

Suite, Apt. #, etc.

Suite 106

City & State

Miami, FL

Zip

33122

Country

US

**3. Mailing Office Address**

3401 N.W. 82nd Ave.

Suite, Apt. #, etc.

Suite 106

City & State

Miami, FL

Zip

33122

Country

US

CR2E039 (11/05)

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

03/14/2002

**5. FEI Number**

03-0413436

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ **\$8.75 Additional Fee required  
for a Certificate of Status**

**7. FEES:**

**Filing Fee(s):** \$411.25 for each year due this office.

**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

**8. Name and Address of Current Registered Agent**

Name

CABRERA, NELSON R.

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

3401 N.W. 82nd Ave.

Suite, Apt. #, Etc.

Suite 106

City

Miami

State

FL

Zip Code

33122

**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

06/12/06

**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)**

N.R. CABRERA MANAGEMENT  
COMPANY, LLC

**Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)**

3401 N.W. 82nd Ave. Suite 106  
Miami, FL 33122

**City, State and Zip Code**

**10a. Registration  
Document Number**

L02000005855

900077094979  
07/06/06--01061--007 \*\*2000.00

REINSTATEMENT 03-06

**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

06/12/06

Typed or Printed Name of General Partner Signing Form

NELSON R. CABRERA

Telephone Number

305 403 5042