PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ED

DIVISION OF COPPERATIONS LIMITED FLORIDA DEPARTMENT OF STATE 06 JUN 27 AM 8: 57 **PARTNERSHIP** Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** DOCUMENT # A0200000367 1. Name of Limited Partnership V.L. CABRERA HOLDINGS, LLLP 2. Principal Office Address 3. Mailing Office Address 3401 N.W. 82nd Ave. 3401 N.W. 82nd Ave. CR2E039 (11/05) Suite, Apt. #, etc. Suite, Apt. #, etc. Date Formed or Registered Suite 106 Suite 106 03/14/2002 To Do Business in Florida City & State City & State 5. FEI Number Applied For Miami, FL Miami, FL 03-0422905 Not Applicable Country \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 33122 US 33122 US 8. Name and Address of Current Registered Agent 7. FEES: CABRERA, VILMA L. Filing Fee(s): \$411.25 for each year due this office. Street Address (P.O. Box Number is Not Acceptable) Supplemental Fee(s): \$88.75 for each year due this office. 3401 N.W. 82nd Ave. Suite, Apt. #. Etc. Penalty Fee(s): \$500 for each year or part thereof limited Suite 106 partnership revoked on our records Zip Code State <u>Miami</u> 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) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10. Registration Name(s) of General Partner(s) City, State and Zip Code Document Number V.L. CABRERA MANAGEMENT COMPANY, LLC 3401 N.W. 82nd Ave. Miami, FL 33122 L02000005854 Suite 106 999977994889 97/05/05--010614-006 ***2000.00 REPOSTATIEMENT 03-4 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 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-pendiance 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 may 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 his report as required by chapter 620, Florida Statutes. SIGNATURE 📈 yped or Printed Name of General Partner Signing Form