

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 11 AM 8:42

DOCUMENT #

A02000000524

1. Name of Limited Partnership

THE PRIETO INVESTMENT FAMILY
LIMITED PARTNERSHIP

CR2E039 (8/05)

2. Principal Office Address 3095 N.E. 42nd Street Suite, Apt. #, etc.		3. Mailing Office Address 3095 N.E. 42nd Street Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida April 8, 2002	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL		5. FEI Number 04-3641527 Applied For Not Applicable	
Zip 33308	County USA	Zip 33308	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Jeffrey S. Wachs, Esq. Street Address (P.O. Box Number is Not Acceptable) 1177 S.E. 3rd Avenue Suite, Apt. #, Etc. City Fort Lauderdale				7a. Capital Contributions as shown on Record: \$5,000.00 7b. Amount of Capital Contributions in FLORIDA to date: \$5,000.00 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 due. 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 _____					
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	
Octavio E. Prieto		3095 N.E. 42nd Street		Fort Lauderdale, FL 33308	
Lynne M. Prieto		3095 N.E. 42nd Street		Fort Lauderdale, FL 33308	
REINSTATEMENT 03-05					
800060974168 10/27/05-01045-015 **3847.50					

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 effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee unpowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Lynne M. Prieto*

Typed or Printed Name of General Partner Signing Form *LYNNE M. PRIETO*

DATE

9/19/05

Telephone Number

954-566-6450