PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. LIMITED FLORIDA DEPARTMENT OF STATE **PARTNERSHIP** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # A02000001069 1. Name of Limited Partnership Vigoa Holdings, LLLP 2. Principal Office Address - No P.O. Box A 3. Mailing Office Address 1877 Harbor Pointe Circle 1877 Harbor Pointe Circle CR2E039 (1/07) Suite, Apt. #, etc. Date Formed or Registered To Do Business in Florida Aug. 6, 2002 City & State Applied For **5**96-0171753 Weston, FLorida Weston, FLorida Not Applicable Broward ^{Zip} 33327 \$8.75 Additional Fee required for a Certificate of Status Broward CERTIFICATE OF STATUS DESIRED 7. FEES: 8. Name and Address of Current Registered Agent 500 Filing Fee(s): \$411.25 for each year due this office. Luis Vigoa Sr Supplemental Fee(s): \$88.75 for each year due this office. Street Address (P.O. Box Number is Not Acceptable)
2534 Hunters Runway Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records. A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not ₩eston, FLorida received and requesting the \$500 penalty fee(s) be waived. 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. DATE March 25, 2009 (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) Registration Occument Number 10a. Name(s) of General Partner(s) City, State and Zip Code N/A Luis Vigoa Sr Trustee 2534 Hunters Runway Weston, FI 33327 300148290783 04/01/09--01034--012 **2500.00

Suite, Apt. #, etc.

City & State

^z 33327

Suite, Apt. #, Etc.

10.

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

T T = 1 do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemptions cont	
Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exemple	t 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 certif	fy that I am a General Partner of the limited partnership, receiver or
trustee empowered to execute this report as required by chapter 620, Florigia Statutes.	
	3-25-09
SIGNATURE Journal Olympia	DATE 23-07
-	
Luis Vigoa Sf- Trustee	(mail 100 9086
Typed or Printed Name of General Partner Signing Form	Telephone Number 459/680 - 8886