

# 2005 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A02000001080

1. Entity Name  
BOLINA MANAGEMENT, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV 18 AM 10:54

Principal Place of Business  
C/O JHONNY SALOMON, M.D. P.A.  
9055 SW 87TH AVENUE STE. 305  
MIAMI, FL 33176

Mailing Address  
C/O JHONNY SALOMON, M.D. P.A.  
9055 SW 87TH AVENUE STE. 305  
MIAMI, FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



10062005 REIN-LP CR2E100 (6/04)

4. FEI Number  
52-2370554

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALOMAN, JHONNY M  
9055 SW 87TH AVENUE STE. 305  
MIAMI, FL 33176

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

DATE

Oct 10-2005

9. Capital Contributions  
as Shown on record. \$0.00

10. Amount of Capital Contributions  
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SALOMON, JHONNY  
9055 SW 87TH AVENUE STE. 305  
MIAMI, FL 33176

STREET ADDRESS  
CITY-ST-ZIP

400062127954  
12/13/05--01064--005 \*\*141.25

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REINSTATEMENT 2005

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

10-11-05

STAPLE CHECK HERE