1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 13 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900027767719
10/13/03--01102--008 **141.25

DOCUMENT # A02000001080

1. Name of Limited Partnership

Bolina Management LTD

2. Principal Office Address	**3.** Mailing Office Address
9055 SW 87 Ave	9055 SW 87 Ave
Suite, Apt. #, etc. #305	Suite, Apt. #, etc. #305
City & State Miami FL	City & State Miami FL
Zip 33176 Country USA	Zip 33176 Country USA

4. Date Formed or Registered To Do Business in Florida 08/08/02

5. FEI Number 52-2370554 ☐ Applied For ☐ Not Applicable

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

7a. Capital Contributions as shown on Record: 1,000

7b. Amount of Capital Contributions in **FLORIDA** to date: 1,000

8. Name and Address of Current Registered Agent

Name: JHONNY SALOMON, III

Street Address (P.O. Box Number is Not Acceptable): 9055 SW 87 Ave

Suite, Apt. #, Etc.: #305

City: Miami State: FL Zip Code: 33176

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 1

CR2E039 (9/03)

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	**10a.** Registration Document Number
JHONNY SALOMON, III	1540 West 21 Street	Miami Beach FL 33140	
Jean Mick Salomon, III	13878 SW 90th Ave	Miami FL 33176	
BOLINA THONY	13878 SW 90th Ave	Miami FL 33176	

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 empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE 10/8/03

Typed or Printed Name of General Partner Signing Form JHONNY SALOMON, III Telephone Number 3052701361

October 8, 2003

Florida Department of State

Division of Corporations

Regarding filing for FEI number: 52-2370554
For Bolina Management LTD.

To whom it may concern,

This is regarding a late filling of our annual report/uniform business report. We never received the original bill it might have been sent to our attorney who never forwarded it to us. If you could please waive the late payments as this is the first year and we did not receive the original bill. A check is included for $141.25 for the filling. The form is filled as well with the current addresses.

Sincerely,

Jhonny Salomon, M.D.

General partner