

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -5 AM 8:57

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A03000000530

1. Name of Limited Partnership

Ponte Family Limited Partnership

2. Principal Office Address

1855 South Ocean Blvd.

3. Mailing Office Address

1379 Tucker Road

Suite, Apt. #, etc.

Unit 8

Suite, Apt. #, etc.

City & State

Delray Beach

City & State

Dartmouth, MA

Zip

33483

Country

U.S.

Zip

02747

Country

U.S.

4. Date Formed or Registered
To Do Business in Florida

April 2, 2003

5. FEI Number

41-2099777

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Lamont Neiman Interian & Bellet, P.A.

2 S. Biscayne Boulevard

Suite 3550

City

Miami

State

FL

Zip Code

33131

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records

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)

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

10a. Registration
Document Number

Ponte Management, Inc.

1855 S. Ocean Blvd.

Delray Beach, FL 33483

03/25/03

Unit 8

REINSTATEMENT

04-06

500074029315

05/05/06--01010--001 **3000.00

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance 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 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

Paul M Ponte

DATE

Typed or Printed Name of General Partner Signing Form

Telephone Number