Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LP/LLLP REINSTATEMENT
VISTA TRACE ASSOCIATES, LTD.

Certificate of Status	0
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B. BOSTICK
DEC 29 2011
EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 DEC 28 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E039 (1/11)

DOCUMENT # A03000000821

1. Name of Limited Partnership

VISTA TRACE ASSOCIATES, LTD.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2121 PONCE DE LEON BLVD, PH	2121 PONCE DE LEON BLVD, PH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLES, FL	City & State: CORAL GABLES, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. Date Formed or Registered To Do Business in Florida: Florida

5. FEI Number: 200023774 ☐ 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

Name: REGISTERED AGENTS OF FLORIDA, LLC

Street Address (P.O. Box Number is Not Acceptable): 100 SE SECOND ST,

Suite, Apt. #, Etc.: STE 2900

City: MIAMI 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.

E-mail Address: fmautone@rsmiami.com

E-Mail address to be used for future annual report notices.

9. Pursuant to the provisions of section 620.1810 or 620.1902, 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 AGENTS OF FLORIDA, LLC, Registered Agent By: Kristine Roy, As Attorney-in-Fact DATE 12/27/2011

(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.

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
CORNERSTONE VISTA TRACE, L.L.C.	2121 PONCE DE LEON BLVD, PH	CORAL GABLES, FL 33134	L03000019560

REINSTATEMENT

B. BOSTICK
DEC 29 2011
EXAMINER

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, FS. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE DATE 12/27/2011

CORNERSTONE VISTA TRACE, L.L.C., General Partner by: Kristine Roy, as Attorney-in-Fact (561) 694-8107

Typed or Printed Name of General Partner Signing Form Telephone Number