


2005 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A03000001110

1. Entity Name
THE ARACELIA LORENZO FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 16416 SW 77 TRR
 MIAMI, FL 33193

Mailing Address
 16416 SW 77 TRR
 MIAMI, FL 33193

65

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.


City & State

Zip Country

FILED

05 OCT 19 AM 10:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



10182005 REIN-LP CR2E100 (6/04)

8. Name and Address of Current Registered Agent

LORENZO, ARACELIA
 1077 N.W. 45TH AVENUE, APT. 113
 MIAMI, FL 33126

ARL

4. FEI Number
 20-0403012

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name ARACELIA LORENZO

Street Address (P.O. Box Number is Not Acceptable)
16416 SW 77 TRR

City MIAMI FL Zip Code 33193

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 X Aracelia Lorenzo DATE _____

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

9. Capital Contributions as Shown on record. **\$800,000.00**

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 #	LORENZO, ARACELIA	STREET ADDRESS	
NAME	16416 SW 77 TRR	CITY-ST-ZIP	
STREET ADDRESS	MIAMI, FL 33193		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

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: X Aracelia Lorenzo DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

REINSTATEMENT 2005

ARL

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