10-1-04
3,000.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR -7 AM 10: 10

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A03000001529

1. Name of Limited Partnership

Big C Limited Partnership

700073761097
05/02/06--01062--022 **1000.00

CR2E039 (11/05)

2. Principal Office Address	3. Mailing Office Address
One N University Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation	City & State
Zip: 33324 Country: US	Zip Country

4. Date Formed or Registered To Do Business in Florida: 10/27/2003

5. FEI Number: ✓ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee

8. Name and Address of Current Registered Agent

Name: NRAI Services Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

Suite, Apt. #, Etc.: Suite 4

City: Weston State: FL Zip Code: 33331

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 620.1910 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) Paul J. Hagan, Assistant Secretary DATE 3/8/06
(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
Nick A. Caporella	C/O CMA One N University Drive Bldg A, 4th Floor	Plantation, FL 33324 REINSTATEMENT 04-06	A03000001529

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 Nick A Caporella DATE

Typed or Printed Name of General Partner Signing Form Telephone Number