## **2006 LIMITED PARTNERSHIP REINSTATEMENT**

## FILED DOCUMENT # A0400000054 PMC FAMILY LIMITED PARTNERSHIP 06 JUL 24 PM 1:40 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 999 BRICKELL AVE, 7TH FLOOR 999 BRICKELL AVE, 7TH FLOOR MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 10360 SW 60 STREET 823L W. FLAGLER ST. Suite, Apt. #, etc. Suite, Apt. #, etc. 07202006 REIN-LP CR2E100 (11/05) City & State 4. FEI Number Applied For MIAMI, FL MIAMI 20-1613531 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired U.S. 33144 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PANFILO R. CORDOBA MUINA, MARGARITA P ESQ Street Address (P.O. Box Number is Not Acceptable) 999 BRICKELL AVE, 7TH FLOOR MIAMI, FL 33131 8236 W. FLAGLER ST. 8. Pursuant to the provisions ection 620, 1810 or 620, 1909, Florida Sta accept the appointment of registered agent. I am familiar with, and accept th Chapter 620, Fd SIGNATURE Signature, ty printed name of registered agent and title if applicable. (REDISTERED AGENT MUST SIGN In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. FILE NOW!!! FEE IS \$1000.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P04000004367 DOCUMENT ( STREET ADDRESS 15480 MIAMI, FL. INC. 10360 SW GO STREET NAME STREET ADDRESS 999 BRICKELL AVE, 7TH FLOOR CHY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST ZIP CHY-ST ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 600077946176 CITY ST-ZIP <del>07/25/06--01030--</del>021 \*\*500.00 DOCHMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 600077946176 CITY-ST ZIP <del>07/25/06--01030--022 \*\*8.75</del> DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP supplied with this filing does not or hlify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am a General Partner of the limited partnership by Chapter 620, Florida Statutes. 14. I hereby certify that the information indicated on this report is true and or the receiver or trustee er PHNFILO RAFUEL 7/20/05 CORDOBA SIGNATURE: 2