

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 AUG 20 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000000464

1. Name of Limited Partnership

THE BIANCA ACOSTA FAMILY LIMITED PARTNERSHIP

2. Principal Office Address - No P.O. Box #

960 ARTHUR GODFREY RD

3. Mailing Office Address

7758 NW 44 ST

Suite, Apt. #, etc.

SUITE 401

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FLORIDA

City & State

SUNRISE, FLORIDA

Zip

33140

Country

USA

Zip

33051

Country

USA

4. Date Formed or Registered
To Do Business in Florida

03/23/2004

5. FEI Number

20-8815954

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

YVETTE PESTANO

Street Address (P.O. Box Number is Not Acceptable)

7758 NW 44 ST

Suite, Apt. #, Etc.

City
SUNRISE

State

FL

Zip Code

33351

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.

☒ A \$500 penalty is due for each year or part thereof the entity's
certificate of authority was revoked on our records, except in
circumstances which the entity did not receive the prior notices.
By checking this box, you are certifying the prior notices were not
received and requesting the \$500 penalty fee(s) be waived.

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)

Yvette Pestano
(REGISTERED AGENT MUST SIGN)

DATE 08-14-07

**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

BIANCA ACOSTA

960 ARTHUR GODFREY
RD., SUITE 401

MIAMI BEACH, FL 33140

REINSTATEMENT

05-07

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

Bianca Acosta

DATE 08-14-2007

Typed or Printed Name of General Partner Signing Form

BIANCA ACOSTA

Telephone Number