

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A04000001048

1. Name of Limited Partnership

THE CASANOVA HOLDINGS LIMITED PARTNERSHIP

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

16471 S.W. 18TH STREET

3. Mailing Office Address

P.O. BOX 823806

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

SOUTH FLORIDA FL

Zip

33027

Country

Zip

33082

Country

8. Name and Address of Current Registered Agent

Name

IRIS CASANOVA

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

16471 S.W. 18TH STREET

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

9. Pursuant to the provisions of section 620.1810 or 620.1906, 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 AGENT MUST SIGN)

DATE

**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

IRIS CASANOVA

P.O. BOX 823806

SOUTH FLORIDA FL  
33082

MANUEL CASANOVA

P.O. BOX 823806

SOUTH FLORIDA FL  
33082

500134858265  
08/12/08--01018--022 \*\*1000.00

**REINSTATEMENT**

2007-2008

**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

DATE

8-05-08

Typed or Printed Name of General Partner Signing Form

Telephone Number

FILED  
08 AUG - 8 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E039 (1/07)