

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 APR 13 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A05000000741

1. Name of Limited Partnership

KROME ESTATES I PARTNERSHIP, LLLP

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

11970 SW 64 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33183

Country

US

3. Mailing Office Address

11970 SW 64 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33183

Country

US

4. Date Formed or Registered
To Do Business in Florida

04/14/2005

5. Filing Number
202692871

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

ROLAND SANCHEZ-MEDINA JR.

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

2333 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

SUITE 302

City
CORAL GABLES

FL

Zip Code

33134

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.

E-mail Address:

oadrian@adriandevlopment.com

E-Mail address to be used for future annual report notices.

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)

DATE

4/7/11

(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)

**KROME ESTATES I
MANAGEMENT CORP.**

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11970 SW 64 STREET

City, State and Zip Code

MIAMI FL 33183 US

10a. Registration
Document Number

P05000055325

REINSTATEMENT

10-11

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 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

DATE

4/7/11

Typed or Printed Name of General Partner Signing Form

PETER O. ADRIAN

Telephone Number

305-448-4344