

2007 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A05000001756

1. Entity Name
KOPALI COMMUNITIES, LTD.



FILED

07 OCT 16 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13225 BISCAYNE ISLAND TERRACE
NORTH MIAMI, FL 33181

Mailing Address
13225 BISCAYNE ISLAND TERRACE
NORTH MIAMI, FL 33181



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

10092007 REIN-LP CR2E100 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3485056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROOKS, NORMAN
13225 BISCAYNE ISLAND TERRACE
NORTH MIAMI, FL 33181

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

DATE

FILE NOW!!! FEE IS \$500.00
After January 1, 2008, Fee will be \$1000.00

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L05000048227
NAME KOPALI LAND PARTNERS LLC
STREET ADDRESS 13225 BISCAYNE ISLAND TERRACE
CITY-ST-ZIP NORTH MIAMI, FL 33181

STREET ADDRESS

CITY-ST-ZIP

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500110740555
10/12/07--01060--013 **\$500.00

REINSTATEMENT

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

10-9-07

306-981-4661

STAPLE CHECK HERE