

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED PARTNERSHIP REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A07000001119

1. Name of Limited Partnership  
**HEMISPHERE PARTNERS, LLLP**

2. Principal Office Address - No P.O. Box #  
**1650 CANOPY OAK BLVD**

3. Mailing Office Address  
**same**

Suite, Apt. #, etc.

City & State  
**Palm Harbor, FL**

City & State  
**same**

Zip Country  
**34683 USA**

Zip Country  
**same same**

8. Name and Address of Current Registered Agent

Name  
**RICHARD A. BISHOP**

Street Address (P.O. Box Number is Not Acceptable)  
**1650 CANOPY OAK BLVD**

Suite, Apt. #, Etc.

City  
**PALM HARBOR FL**

Zip Code  
**34683**

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) **X [Signature]** REGISTERED AGENT MUST SIGN DATE **Sept 14 2011**

**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
<b>REINSTATEMENT 2010-2011</b>			<b>400212459784</b> 09/23/11--01030--003 **2000.0

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I certify that the information indicated on this application is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner, receiver or trustee empowered to execute this application as required by Chapter 620, Florida Statutes. I am aware that any 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 **X [Signature]** DATE **September 14 2011**

Typed or Printed Name of General Partner Signing Form  
**X RICK BIRD QUERIZO, NET** Telephone Number **X 727 7874086**

E-mail Address: \_\_\_\_\_ (To be used for future annual report notification)

**FILED**  
**11 SEP 19 PM 9:02**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

CR2E039 (11/08)