

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

**FILED**

**2013 NOV 20 PM 2:53**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**800254119868  
11/20/13--01018--024 \*\*2122.50**

CR2E039 (1/11)

**DOCUMENT # A08000000962**

1. Name of Limited Partnership

**Zinn Fund LLLP**

2. Principal Office Address - No P.O. Box #  
**5900 SW 73rd ST**

3. Mailing Office Address  
**5900 SW 73rd ST**

Suite, Apt. #, etc.  
**Suite 201**

Suite, Apt. #, etc.  
**Suite 201**

City & State  
**South Miami, FL**

City & State  
**South Miami, FL**

Zip  
**33157**

Country  
**USA**

Zip  
**33157**

Country  
**USA**

4. Date Formed or Registered  
To Do Business in Florida **11/20/2008**

5. FEENumber  
**943434673**

☐ 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  
**Maredin Corporation**

Street Address (P.O. Box Number is Not Acceptable)  
**5900 SW 73rd ST**

Suite, Apt. #, Etc.  
**Suite 201**

City  
**South Miami**

FL **33157**

**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:**

**marcelozinn@gmail.com**

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

9. Pursuant to the provisions of section 620.1810 or 620.1809, 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) *Marcelo Zinn* (REGISTERED AGENT MUST SIGN) DATE \_\_\_\_\_

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

**Maredin Capital Advisors**

**5900 SW 73rd ST, Suite  
201**

**South Miami, FL 33157**

**G09000175665**

**REINSTATEMENT 2012, 2013**

**NOV 21 2013**

**T. HAMPTON**

**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

Typed or Printed Name of General Partner Signing Form

Telephone Number

*Marcelo Zinn / Maredin Capital  
Advisors*

**11/19/13**

**305-667-9952**