

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLET

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A09000000755

1. Name of Limited Partnership

SABEL OF HOUSTON, LLLP

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

12000 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 217

City & State

North Miami, FL

Zip

33181

Country

USA

3. Mailing Office Address

12000 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 217

City & State

North Miami, FL

Zip

33181

Country

USA

16 DEC 30 AM 8:59

SECRET
TALL ADVANCE FLORIDA

300293947123
01/05/17--01020--001 **1000.00

CR2E039 (1/1/10)

4. Date Formed or Registered
To Do Business in Florida

10/27/2009

5. FEI Number

76-0529014

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

T & S Registered Agents, LLC

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

925 South Federal Highway

Suite, Apt. #, Etc.

Suite 500

City

Boca Raton

FL

Zip Code

33432

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.

9. Pursuant to the provisions of section 620.1610 or 620.1605, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620,
Florida Statutes.

T & S Registered Agents, LLC

SIGNATURE (Registered Agent Accepting Appointment)

BY:

(REGISTERED AGENT MUST SIGN)

Donald R. Teschen, Esq.

DATE

1/4/17

**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 Number)

City, State and Zip Code

10a.

Registration
Document Number

Estalew Holdings, Inc.

**12000 Biscayne Blvd
Suite 217**

**North Miami, FL
33181**

P09000088600

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.812.133, F.S.

SIGNATURE

Lewis M. Ross

DATE

1/4/17

Typed or Printed Name of General Partner Signing Form

Lewis M. Ross, President, Estalew Holdings, Inc.

Telephone Number

(305) 981-5506

E-mail Address: **lewisross@yahoo.com**

(To be used for future annual report notification)

Handwritten signature and initials