

# **2014 LIMITED PARTNERSHIP REINSTATEMENT**

DOCUMENT# A13000000170

**FILED**  
**Oct 16, 2014**  
**Secretary of State**

**Entity Name:** SANTOS FAMILY ENTERPRISES, LTD.

**Current Principal Place of Business:**

4908 TROYDALE RD.  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

4908 TROYDALE RD.  
TAMPA, FL 33615

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANTOS, ARIEL  
4908 TROYDALE RD.  
TAMPA, FL 33615 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: SANTOS, ARIEL TRUSTEE  
Address: 4908 TROYDALE RD.  
City-St-Zip: TAMPA, FL 33615

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: SANTOS, MAYELIN TRUSTEE  
Address: 4908 TROYDALE RD.  
City-St-Zip: TAMPA, FL 33615

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ARIEL SANTOS

\_\_\_\_\_  
Electronic Signature of Signing General Partner

10/16/2014

\_\_\_\_\_  
Date