APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP	K	DEPARTMENT OF STA atherine Harris Secretary of State DN OF CORPORATIONS	FIL		
DOCUMENT # 19- 18365				99 JUN 15 AM 9: 07 SEGRÉTARY OF STATE TALLAMASSEE, FLORIDA	
1. Name of Limited Partnership  3ABAL PAIM ASS	SEGRETARY TALLAHASSE				
			DO NOT WRI	TE IN THIS SPACE	
2. Mailing Address 2828 CORAL WAY	3. Principal Office Address		4. Date Formed or Registered To Do Business in Florida	11-21-1984	
Suite, Apply, eyc.	Suite, Apt #, etc		5. FEI Number	Applied For	
City & State	City & State		<u> 13-32455</u>		
Zip Country	Zip	Country	CERTIFICATE OF STATUS DES	S8 75 Additional Fee require for a Certificate of Status	
35/43		<u> </u>	7. State or Country of Formation	FL	
appropriate filing fee.  9. Name and Address of Current Registered Agent			10. If changed, new registered agent/office Name		
PEIEZ, SORGE M. 2828 CORAL WAY PH-1 miami, FL. 33145		Name			
		Street Addres			
		Suite, Apl. #.	Suite, Apl #, etc.		
		City		FL Zip Code	
Pursuant to the provisions of sections 620 1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT I	gistered agent, or both, in the Sof section 620 192, Florida Statu	itate of Fiorida Such change ites	e was authorized by its general partner(s). I here	by accept the appointment of registered	
11. Names of General Partner(s)	Address of Each (Do NOT Use Post O	General Partner	City, State and Zip Code	11a. Registration Document Number	
THE RELATED Companies		mee Bax Hambers)		excoment transfer	
OF FLORIDA	ZEZE CON	at way	Miami, FC.	617998	
,			-07/01	9214615 /8901031004 05.00 ***1035.00	

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

REINSTATEMENT

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 629. Florida Statutes.

Typed or Printed Name of General Partner Signing Form

SIGNATURE \_\_\_\_\_

ANGEL HERNANDE **VICE - PRESIDENT** 

PIDGAN