~	APPLICATION FOR
	REINSTATEMENT
	FOR
L	IMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

empowered to execute this report as required by chapter #20, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

1. Name of Limited Partnership

FILED

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SEGNETARY OF STAIL

CUTLER CANAL A	SSOCIATE	ES , C	TALLAHASSE	E, FLORIDA		
		,	•	VRITE IN THIS SPACE		
2. Mailing Address 2828 Conal W4Y	3. Principal Office Address		4. Date Formed or Registered To Do Business in Florida	1-6-98		
Suite, Apt. n. etc.	Suite, Apt. #, etc		5. FEI Number	Applied For		
City & State MAM , FL	City & State		65-0024		Not Applicable	
Zip 27/45 Country	Zip Country			S8 75 Additional Fee re for a Certificate of S	equirec itatus	
8a, Capital Contributions as Shown	FEES:1.) Filing Fee(8):		7. State or Country of Formalia	on FU		
8b. Amount of Cabital Contributions in FLORIDA to date.	\$437.50, for y 2.) Supplementa 3.) Penalty Fee(each year due this office al Fee(s): \$88.75 for eac s): \$500 penaity fee for ad in 8b is greater than a	\$7 per \$1,000 on amount entered in 8b, with a me. th year due this office, beginning with 1992 celen sach year report form is delinquent amount entered in 8a, a supplemental affidavit m	dar year.		
9. Name and Address of Current Re	gistered Agent		10, If changed, new registe	red agent/office		
Perez. Jorge M)	Name	Name			
	Street Addr	Street Address (P.O. Box Number Is Not Acceptable)				
2828 CORAL WA	Y PH-1	Suite, Apt. i	f, etc.			
miami, FL. 33	2/45	City	City FL Zip Code			
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS	A CORPORATIO	N, LIMITED	PARTNERSHIP OR OTH		ΤΥ	
11. Names of General Partner(s)	Address of Each Ge (Do NOT Use Post Office	eneral Partner	E WITH THIS OFFICE. City, State and Zip Code	11a. Registration Document Numbe		
THE RELATED COMPANIE OF FLDRIDA		· · · ·	mami, Fl.	617992		
	REI	NSTAT	~07/0	2921465 1/\$901031005 03\$.00 ***1035.0		
			S. LOGAN			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 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 Trelease 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee