

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT

Secretary of State  
DIVISION OF CORPORATIONS

FILED

DOCUMENT # A93000001338

1. Name of Limited Partnership

TEAL POINTE ASSOCIATES, LTD.

02 DEC 30 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/29/00

2. Principal Office Address

2828 CORAL WAY

3. Mailing Office Address

2828 CORAL WAY

Suite, Apt. #, etc.

PENTHOUSE SUITE

Suite, Apt. #, etc.

PENTHOUSE SUITE

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33145

Country

USA

Zip

33145

Country

USA

4. Date Formed or Registered

To Do Business in Florida 12/14/1993

5. FEI Number

65-0405978

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7a. Capital Contributions as shown on Record:

662,477.00

7b. Amount of Capital Contributions in FLORIDA to date:

662,477.00

8. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301-2525

**FEES:**

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

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)

RELATED/GMN TEAL, LTD.

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

2828 CORAL WAY  
PENTHOUSE SUITE

City, State and Zip Code

MIAMI, FL 33145

10a. Registration  
Document Number

A93000001337

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12/03/02--01081--0001 \*\*3087.50

REINSTATEMENT

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12/30 M8

**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 the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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.

SIGNATURE

Angel Hernandez

ANGEL HERNANDEZ  
VICE - PRESIDENT

DATE

11/21/02

Typed or Printed Name of General Partner Signing Form

Telephone Number