

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2010 JUN 25 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **A94000000813**

1. Name of Limited Partnership
CRUZ-GOVIN INVESTMENTS, LTD

2. Principal Office Address - No P.O. Box # 4765 w. 8th avenue		3. Mailing Office Address P.O. Box 138748	
Suite, Apt. #, etc. 1st floor		Suite, Apt. #, etc.	
City & State Hialeah, Fl		City & State Hialeah, Fl	
Zip 33012	Country usa	Zip 33013	Country usa

CR2E039 (1/07)

4. Date Formed or Registered To Do Business in Florida **06/17/1994**

5. FEI Number 650498714	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
Arleen Cruz

Street Address (P.O. Box Number is Not Acceptable)
4765 W. 8th Avenue 1st floor

Suite, Apt. #, Etc.

City
Hialeah

State
FL

Zip Code
33012

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.

A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620 1810 or 620 1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____
(REGISTERED AGENT MUST SIGN)

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 Numbers)	City, State and Zip Code	10a. Registration Document Number
Cruz-Govin Holdings, Inc.	4756 W. 8th Avenue 1st floor	Hialeah, Fl 33012	P94000043825
		700182617207	06/25/10--01014--021 **2052.50
			06/25/10--01014--021 **2052.50

REINSTATEMENT 09-10

AR 6-28-10

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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 the report as required by Chapter 620, Florida Statutes.

SIGNATURE *Arleen Cruz* _____ DATE _____

Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____