

# A9500000524

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB 16 AM 11:36

1082

02/26/04

**LIMITED PARTNERSHIP REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** A95000000524

**1. Name of Limited Partnership**

CABRERIZO FAMILY LIMITED PARTNERSHIP 95-I

|   |  |   |  |
|---|--|---|--|
| <b>2. Principal Office Address</b><br>11000 N.W. 92nd Terrace<br>Suite, Apt. #, etc.<br>City & State<br>Miami, FL<br>Zip<br>33178<br>Country<br>USA |  | <b>3. Mailing Office Address</b><br>11000 N.W. 92nd Terrace<br>Suite, Apt. #, etc.<br>City & State<br>Miami, FL<br>Zip<br>33178<br>Country<br>USA |  |
|---|--|---|--|

|  |                                      |
|--|--------------------------------------|
| <b>4. Date Formed or Registered To Do Business in Florida</b><br>03/28/1995  |                                      |
| <b>5. FEI Number</b><br>650661031  | <b>Applied For</b><br>Not Applicable |
| <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b> |                                      |

|  |
|--|
| <b>7a. Capital Contributions as shown on Record:</b><br>1,000.00           |
| <b>7b. Amount of Capital Contributions in FLORIDA to date:</b><br>1,000.00 |

**8. Name and Address of Current Registered Agent**

Name  
Ronald R. Fieldstone

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

Suite, Apt. #, Etc.  
Suite 601

City  
Coral Gables

State  
FL

Zip Code  
33134

**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 2/5/04

**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 |
|---|--|--------------------------|-----------------------------------|
| Cabrerizo Family Holdings, Inc.               | 11000 N.W. 92nd Terr.  | Miami, FL 33178          | P95000007770                      |
| 100028782201<br>02/16/04--01012--016 **282.50 |  |                          |                                   |

**REINSTATEMENT** 2003-2004

**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

DATE 2/5/04

Typed or Printed Name of General Partner Signing Form

Tomas Cabrerizo, President of

Telephone Number 305-777-6000

Cabrerizo Family Holdings, Inc.,  
General Partner

2082

## Cabrerizo Family Limited Partnership 95-I.

February 5, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

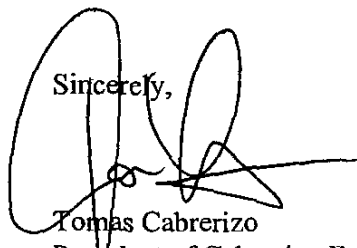
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 FEB 16 AM 11:36

Gentlemen:

Please be advised that our office did not receive the annual report for Cabrerizo Family Limited Partnership 95-I. or any other notification from the Secretary of State as our principal address is incorrectly listed in your records. Attached is the Application for Reinstatement together with our check in the sum of \$282.50, representing the annual fees for 2003 and 2004.

Thanking you for your cooperation concerning this matter and if you have any questions, please call us at 305-777-6225.

Sincerely,



Tomas Cabrerizo  
President of Cabrerizo Family Holdings, Inc.  
General Partner