## PLEASE READ ALL INSTRUCTIONS & EFORE COMPLETING THIS FORM

LIMITED
<b>PARTNERSHIP</b>
REINSTATEMEN



## FLORIDA DEPARTMENT OF STATE Secretary of State

**DIVISION OF CORPORATIONS** 

## FILED

12 APR -4 PM 2: 11

SEGRETARY OF STATE MALLAMASSEE, ALDRIDA

## **DOCUMENT#**

A96000001377

1. Name of Limited Partnership

**CENTRAL FARMS** 

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2. Principal Office Address - No P O. Box # 6750 SW 102 TER		3. Mailing Office Address 6750 SW 102 TER				- 800225986868 03/23/1201025012 **406.25 CR2E039 (1/11)			
Suite, Apt #, etc	Suite, Apt #, etc.				Date Formed or Registered 7/23/1996     To Do Business in Florida				
		City & State	City & State MIAMI, FLORIDA			565MB80930 Applied For			
<sup>Zip</sup> 33156	lo	Žip 33156	T	ÛŜĂ		6. CERTIFICATE OF STATUS DESIRED	\$8.75 Addit	Not Applicable tional Fee required tificate of Status	
8. Name and Address of Current Registered Agent  Name and Address of Current Registered Agent  Name and Address of Current Registered Agent  Street Address (P.O. Box Mumber is Not Acceptable)  6750 SW 102 TER					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.				
Suite, Apt. #, Etc.			FL 33156			E-mail Address: edormoy@aol.com  E-Mail address to be used for future annual report notices			
9. Pursuant to the provisions of section 620 1810 or 620 1909, Florida Statutes, I hereby accept the appointment of regist Florida Statutes  SIGNATURE (Registered Agent Accepting Appointment)  (REGISTERED AGENT MUST SIGN)						tered agent it am familiar with, and accept the obligations of Chapter 620,			
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 G	General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)			City, State and Zip Code		egistration cument Number	
MAS INVEST	6750 SW	6750 SW 102 TER			MI, FL 33156	577794			
		Ai	PR 05			800225986 04/05/120102301	6868 9 **3641	6.25	

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

SIGNATURE

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**2 A** 10 V

DATE 3/21/1

mber 786 210 7388

<sup>11</sup> Ido hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Horida Statutes. Trelease the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed event from public access. Hurther 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 path. Hurther 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 I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817.155, FS