

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JAN -6 AM 9:05

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # A96000001646

1. Name of Limited Partnership

COMMEN, LTD.

2. Principal Office Address

5901 SW 74 Street

3. Mailing Office Address

5901 SW 74 Street

Suite, Apt. #, etc.

Suite 407

Suite, Apt. #, etc.

Suite 407

City & State

South Maimi

City & State

South Miami

Zip

33143

Country

US

Zip

33143

Country

US

4. Date Formed or Registered

To Do Business in Florida 08/30/1996

5. FEI Number

650704885

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:

100.00

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

100.00

8. Name and Address of Current Registered Agent

Name

Gary Brown

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

5901 SW 74 Street

Suite, Apt. #, Etc.

Suite 407

City

South Miami

State

FL

Zip Code

33143

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 sections 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

12/31/03

**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)

COMMEN, INC.

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

5901 SW 74 Street, Ste.
407

City, State and Zip Code

South Miami, FL 33143

10a. Registration
Document Number

P96000057476

600026051806
01/06/04--01005--027 **\$41.25

REINSTATEMENT

2003

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

12/31/03

Typed or Printed Name of General Partner Signing Form

Gary Brown, President

Telephone Number

305-662-8999

CR2E039 (10/02)