

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 22 PM 1:45

DOCUMENT # **A96000002152**

1. Name of Limited Partnership

Elizabeth Southside Limited

DO NOT WRITE IN THIS SPACE

2. Office Address
528 Hardee Road

3. Principal Office Address
528 Hardee Road

4. Date Formed or Registered
To Do Business in Florida **11/22/96**

City & State
Coral Gables, FL

City & State
Coral Gables

5. FEI Number
65-0707801

Applied For
Not Applicable

Zip
33146 Country
U.S.

Zip
33146 Country
U.S.

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation **Florida**

8a. Filing Fee(s)
\$1,323,854.00

FEES: 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, 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.

8b. Amount of Capital Contribution to
FLORIDA
\$1,323,854.00

Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

Elizabeth M. Muraro
528 Hardee Road
Coral Gables, FL 33146

10. If changed, new registered agent/office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. # etc.
City **FL** Zip Code

10a. Pursuant to the provisions of sections 620.10(1) and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement to the Department of State 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 of Registered Agent Accepting Appointment

Elizabeth M. Muraro

DATE **9-11-99**

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name of General Partner(s)

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

City, State and Zip Code

11a. Registration Document Number

Elizabeth M. Muraro,
Trustee

528 Hardee Road

Coral Gables, FL
33146

N/A

600003005876--6
-10/05/99--01071--006
*****1026.25 ***1026.25**

REINSTATEMENT

500% reinstatement
526.00 fee
9/22/99

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

12. I 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this document 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 of the limited partnership. I agree to file this report as required by chapter 620, Florida Statutes.

SIGNATURE *Elizabeth M. Muraro*

DATE **9-11-99**

Elizabeth M. Muraro, Trustee

Signature of General Partner Signing Form

Telephone Number

CR2E039 (12/98)