

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 23 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A 97 000000 376

1. Name of Limited Partnership

SUNDAYS ON THE BAY, LTD.

2. Principal Office Address - No P.O. Box #

5420 CRANDON BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

2472 NW 21 TERR

Suite, Apt. #, etc.

CR2E039 (1/07)

City & State

KEY BISCAYNE FL

City & State

MIAMI, FL

Zip

FL 33149

Country

USA

Zip

33142

Country

USA

4. Date Formed or Registered
To Do Business in Florida

2/12/97

5. FEI Number

65-0732013

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

BENCOMO, ESTEBAN

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

2411 SW 124 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

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certificate of authority was revoked on our records, except in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)

[Signature]
(REGISTERED AGENT MUST SIGN)

DATE

2/15/07

**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)

SUNDAYS ON THE BAY, INC.

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

2472 NW 21 TERR

City, State and Zip Code

MIAMI, FL 33142

10a. Registration
Document Number

P97 000013399

REINSTATEMENT

06-07

900095225349
03/29/07--01032--003 **1000.00

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 this report as required by chapter 620, Florida Statutes.

SIGNATURE

[Signature]

DATE

3/19/07

Typed or Printed Name of General Partner Signing Form

Sundays on the Bay, Inc.

by M. P. DUCIA

Telephone Number

(305) 554-7229

DE NCOMO