

A 97000000527

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



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

FILED

01 APR 26 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

A97000000527

1. Name of Limited Partnership

MARSOL LIMITED PARTNERSHIP

2. Principal Office Address

2901 S. BAYSHORE DR.

Suite, Apt. #, etc.

APT #7-G

City & State

MIAMI, FL.

Zip

33133

Country

USA

3. Mailing Office Address

PO BOX 522536

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33152

Country

USA

**4. Date Formed or Registered
To Do Business in Florida**

5. FEI Number

65-0824110

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:

\$25,000.00

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

8. Name and Address of Current Registered Agent

Name

Jean Francois Sibrac

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

2901 South Bayshore Drive, Apt. #7-G

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

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)

[Signature]

DATE

4-29-01

**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)

JEAN FRANCOIS SIBRAC

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

11369 NW 46TH LN.

City, State and Zip Code

MIAMI, FL. 33178

10a.

**Registration
Document Number**

**500004193635--7
-05,111401--01003--010
***1527.50 ***1527.50**

REINSTATEMENT 2000-2001

SK 4/26

**Adm - 1000.00
AR 350.00
ARSUPP 177.50
1,527.50**

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

[Signature]

DATE

4/24/01