

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**98 MAY -5 PM 2:45**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** A97000000701

**1. Name of Limited Partnership**  
The Bernardo Fort and Laurinda Spear Family  
Limited Partnership

**2. Mailing Address**  
550 Brickell Avenue

Suite, Apt. #, etc.  
Suite 200

City & State  
Miami, Florida

Zip Country  
33131

**3. Principal Office Address**  
550 Brickell Avenue

Suite, Apt. #, etc.  
Suite 200

City & State  
Miami, Florida

Zip Country  
33131

**4. Date Formed or Registered  
To Do Business in Florida** 3/26/97

**5. FEI Number** 65-07375666 Applied For Not Applicable

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

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

**8a. Capital Contributions as Shown  
on Record**  
\$5,000,000.00

**8b. Amount of Capital Contributions in  
FLORIDA to date**  
\$00.0

**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.  
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**

**10. If changed, new registered agent/office**

Bernardo Fort  
550 Brickell Avenue  
Suite 200  
Miami, Florida 33131

Name  
Street Address (P.O. Box Number Is Not Acceptable)  
Suite, Apt. #, etc. 700002520407-7  
City -05/12/98-01053-025  
\*\*\*1035.00 \*\*\*1035.00  
FL

**10a.** 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)

DATE

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

**11. Names 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**

Bernardo Fort

550 Brickell Avenue

Miami, Florida 33131

Laurinda Fort

550 Brickell Avenue

Miami, Florida 33131

**REINSTATEMENT** *98 ew*  
*de*

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

**12.** 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)(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 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]*  
Typed or Printed Name of General Partner Signing Form **Bernardo Fort**

DATE **April 30, 1998**

Telephone Number **(305) 372-1812**

CR2E039 (12/97)



# Phillips, Eisinger, Koss & Rosenfeldt, P.A.

## Attorneys At Law

Presidential Circle  
4000 Hollywood Boulevard  
Suite 265 South  
Hollywood, Florida 33021

### Miami Location

Alfred I. Dupont Building  
169 East Flagler Street  
Suite 1000  
Miami, Florida 33131

Please respond to:  
Hollywood Office (X)  
Miami Office ( )

TELEPHONE:  
954 894-8000  
FACSIMILE  
954 894-8015

April 30, 1998

REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

RE: Reinstatement of The Bernardo Fort and Laurinda Spear  
Family Limited Partnership

Dear Sir/Madam:

Enclosed please find an Application for Reinstatement of the above-referenced corporation together with a check in the amount of \$1,035.00 made payable to the Division of Corporations.

Please process same and forward certification of reinstatement to our offices at your earliest convenience.

If you have any questions or require any additional information, please do not hesitate to call.

Very truly yours,

ANDREW I. LEWIS  
For the Firm

Enclosures

10/1

DN 10/10/98  
10/10/98