

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV 14 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000001969

1. Name of Limited Partnership
The Fernandez Family Limited Partnership

2. Principal Office Address
7421 SW 66 Street

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip 33143 **Country** U.S.A.

3. Mailing Office Address
7421 SW 66 Street

Suite, Apt. #, etc.

City & State

Zip **Country**

4. Date Formed or Registered
To Do Business in Florida 9/12/97

5. FEI Number
650779300

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:
\$5,000,000

7b. Amount of Capital Contributions in FLORIDA to date:
\$5,000,000

8. Name and Address of Current Registered Agent

Name
Mario F. Fernandez

Street Address (P.O. Box Number is Not Acceptable)
7421 SW 66 Street

Suite, Apt. #, Etc.

City Miami **State** FL **Zip Code** 33143

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)

DATE 11/7/01

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)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Mario F. Fernandez, Trustee	7421 SW 66 Street	Miami, FL 33143	100004714141--0 -12/07/01--01036--009 ***2092.50 ***2052.50

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)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) 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 11/7/01

Typed or Printed Name of General Partner Signing Form Mario F. Fernandez, Trustee

Telephone Number (305) 635-0000

CR2E038 (9/00)