

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 OCT 30 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PARTNERSHIP  
REINSTATEMENT**



Secretary of State  
DIVISION OF CORPORATIONS

2001-2002

DOCUMENT #

A97000002711

1. Name of Limited Partnership

FINE LINE IMPORTERS LTD.

2. Principal Office Address

1111 BRICKELL BAY DR #3011

Suite, Apt. #, etc.

3011

City & State

MIAMI FL

Zip

33131

Country

USA

3. Mailing Office Address

1111 BRICKELL BAY DR.

Suite, Apt. #, etc.

3011

City & State

MIAMI FL

Zip

33131

Country

USA

4. Date Formed or Registered  
To Do Business in Florida

7/89

5. FEI Number

65-0801826

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:

\$60,000.00

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

10,000.00

**FEES:**

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, 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 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8. Name and Address of Current Registered Agent

ALEXANDRE LAVIN

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

1111 BRICKELL BAY DR. #3011

Suite, Apt. #, Etc.

3011

City

MIAMI

State

FL

Zip Code

33131

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, as 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

9/6/02

**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

ALEXANDRE LAVIN

1111 BRICKELL BAY DR. MIAMI, FL.  
SUITE # 3011 33131

01 500 52.50 88.75  
02 500 52.50 88.75

REINSTATEMENT

2001-  
2002  
dec

300008753529

11/01/02--01007--015 \*\*1370.00

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 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

DATE

9/6/02

Typed or Printed Name of General Partner Signing Form

ALEXANDRE LAVIN

Telephone Number

(305) 776-9442

CR2E039 (9/01)