

2007 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A97000002886

1. Entity Name
68, LTD.



Principal Place of Business
3785 NW 82 AVE., #417
MIAMI, FL 33166

Mailing Address
3785 NW 82 AVE., #417
MIAMI, FL 33166

2. Principal Place of Business - No P.O. Box #
1450 West 68 St.
Suite, Apt. #, etc.

3. Mailing Address
1450 W. 68 Street
Suite, Apt. #, etc.

City & State
Hialeah FL

City & State
Hialeah FL

Zip
33014 Country
USA

Zip
33014 Country
USA

07122007 REIN-LP CR2E100 (1/07)

4. FEI Number
65-0801032

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELLO, ELIZABETH
1460 WEST 68 STREET
HIALEAH, FL 33014

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

DATE

FILE NOW!!! FEE IS \$1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
P97000083999
68, INC.
3785 NW 82 AVE., STE 417
MIAMI, FL 33166

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
1450 West 68 Street
Hialeah FL 33014

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
200108390722
08/21/07--01058--017 **1000.00

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT 06-07

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

FILED

2007 AUG -8 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

