

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNER
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 18 PM 1:16

A98000002063

DOCUMENT #

1. Name of Limited Partnership

A98000002063

THE HERNANDEZ FAMILY LIMITED PARTNERSHIP

4/16/99

2. Principal Office Address

9863 SW 2 Street, Miami, FL

Suite, Apt. #, etc.

3. Mailing Office Address

c/o 1390 Brickell Ave, Miami.

Suite, Apt. #, etc.

Suite 200

City & State

Miami, FL

Zip

33174

Country

US

City & State

Miami, FL

Zip

33131

Country

US

8. Name and Address of Current Registered Agent

Name

Alvaro Castillo B., Esq.

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

1390 Brickell Avenue

Suite, Apt. #, Etc.

Suite 200

City

Miami

State

FL

Zip Code

33131

4. Date Formed or Registered
To Do Business in Florida

9/4/1998

5. FEI Number

65-0785111

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:

\$ 900.00

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

-0-

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.

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]

000003216800-7
-04/20/00-01078-003
****800.00 ****900.00

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

THE HERNANDEZ FAMILY CORPORATION 9863 SW 2nd Street

Miami, FL 33174

P98000075943

PERMITS
AR
AR SUPB

- 1000.00
105.00
177.50
1282.50

REINSTATEMENT

000003216800-7
-04/20/00-01078-002
****391.25 ****391.25

1999-2000

[Signature]

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

4-11-00

Typed or Printed Name of General Partner Signing Form

Mauricio Hernandez

Telephone Number 305-371-5540

CR2E039 (1/1/99)