

2006 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A99000000565

1. Entity Name
CRUZ-PERAZA ENTERPRISES NO. 4 LTD.



FILED

06 NOV -2 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2523 S.W. 99TH PLACE
MIAMI, FL 33165

Mailing Address
CRUZ-PERAZA CORPORATION
2523 S.W. 99TH PLACE
MIAMI, FL 33165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10102006 REIN-LP CR2E100 (11/05)

4. FEI Number
65-0896374

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CRUZ-PERAZA, MIGUEL
2323 SW 99TH PLACE
MIAMI, FL 33165

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 \$500.00
After January 1, 2007, Fee will be \$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

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000031572
NAME CRUZ-PERAZA CORPORATION
STREET ADDRESS 2523 SW 99TH PLACE
CITY-ST-ZIP MIAMI, FL 33165

STREET ADDRESS

CITY-ST-ZIP

05/09/06- 80078-012-#350.00

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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REINSTATEMENT 2006

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STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

10-28-06

STAPLE CHECK HERE