

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
02 JUL -2 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000002100

1. Name of Limited Partnership

Jared & Lori Rodriguez Family Partnership Ltd.

2. Principal Office Address

1120 W Peninsular St.

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33603

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Formed or Registered
To Do Business in Florida**

12/00

5. FEI Number

59-3616290

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:

\$10,000,000.00

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

8. Name and Address of Current Registered Agent

Name

Lori Rodriguez

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

1120 W Peninsular St

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33603

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)

DATE

**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)

LORI RODRIGUEZ
JARED RODRIGUEZ

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

See above

City, State and Zip Code

10a.

Registration
Document Number

700006227237--5
-07/05/02--01067--001
***2052.50 ***2052.50

REINSTATEMENT

01-02
etc

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

Lori Rodriguez

DATE

10/31/01

Typed or Printed Name of General Partner Signing Form

LORI RODRIGUEZ

Telephone Number

813 223 3662

CR2E039 (9/01)