

2007 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A99000002193

1. Entity Name
CASSEL FAMILY INVESTMENTS, LTD.



FILED

2007 MAR 26 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5995 SW 97TH STREET
MIAMI, FL 33156

Mailing Address
5995 SW 97TH STREET
MIAMI, FL 33156

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022007 REIN-LP CR2E100 (1/07)

4. FEI Number
65-0968865

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASSEL, DAVID
56 SAMANA DR.
MIAMI, FL 33133

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 \$2000.00

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 #
NAME CASSEL, DAVID TRUSTEE
STREET ADDRESS 56 SAMANA DRIVE
CITY-ST-ZIP MIAMI, FL 33133

STREET ADDRESS
CITY-ST-ZIP

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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 #

STAPLE CHECK HERE

[Handwritten Signature]

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03/29/07--01032--009 **2000.00

REINSTATEMENT 06-07

3/30/07