

2006 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # B02000000006

1. Entity Name
SAM LEWIS ROOFING, LLLP



FILED

06 MAY -8 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
941 FOURTH STREET #200
MIAMI BEACH, FL 33139

Mailing Address
P.O. BOX 16206
PLANTATION, FL 33318



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05082006 REIN-LP CR2E100 (11/05)

4. FEI Number
APPLIED FOR

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

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139

Name SAM LEWIS LTD INC.

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

3110 EDEN COURT

City WEST PALM BEACH

FL

Zip Code 33411

8. Pursuant to the provisions of section 620.1870 or 620.1909, Florida Statutes, I hereby accept the appointment or 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

13. ADDRESS CHANGES ONLY

DOCUMENT # F02000000156
NAME RAMBO ENTERPRISE HOLDINGS, INC.
STREET ADDRESS P.O. BOX 16206
CITY-ST-ZIP PLANTATION, FL 33316

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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600074177306
05/08/06--01023--001 ***1105.00

REINSTATEMENT

2005-
2006

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:

Samuel B. Lewis, R.D.

MAX 8, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE