

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **B02000000100**

1. Name of Limited Partnership

METRA WESTWOOD, LP

2. Principal Office Address

c/o Third Millennium Group

Suite, Apt. #, etc.

7700 Congress Avenue, Ste 3106

City & State

Boca Raton, Florida

Zip

33487

Country

Palm, Beach

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Formed or Registered March 25, 2002
To Do Business in Florida

5. FEI Number

01-0616897

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:

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

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.

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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)

Brian Courtney
Asst. V. Pres.

DATE

10/24/03

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

Metra Westwood GP, LLC

c/o Third Millennium Group
7700 Congress Avenue,
Suite 3106

Boca Raton, Florida 33487

M02000000775

700024212807

REINSTATEMENT

2003

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 October 13, 2003

Typed or Printed Name of General Partner Signing Form

STEPHAN GUEZ

Telephone Number (561) 995-7955

CR2E039 (10-02)



B02000000100

ACCOUNT NO. : 072100000032

REFERENCE : 287214 7372082

AUTHORIZATION :

Patricia Piguet

COST LIMIT : ~~\$150.00~~ 641.25

ORDER DATE : October ²⁸~~20~~, 2003

ORDER TIME : 9:57 AM

ORDER NO. : 287214-030

CUSTOMER NO: 7372082

CUSTOMER: Simon Mizrachi
The Mid-atlantic Agency
Suite 3106
7700 Congress Avenue
Boca Raton, FL 33487

REINSTATEMENT

NAME: METRA WESTWOOD, LP

BK

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____

RECEIVED
03 OCT 28 PM 12:47
DIVISION OF CORPORATION