

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L09000065306

1. Limited Liability Company's Name

**NPI PARTNERS, LLC**

2. Principal Office Address - No P.O. Box #

2333 PONCE DE LEON BLVD,

Suite, Apt. #, etc.

STE 302

City & State

CORAL GABLES FL

Zip

33134

Country

3. Mailing Office Address

2333 PONCE DE LEON BLVD,

Suite, Apt. #, etc.

STE 302

City & State

CORAL GABLES FL

Zip

33134

Country

8. Name and Address of Current Registered Agent

Name

Roland Sanchez-Medina Jr.

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

2333 Ponce De Leon Blvd,

Suite, Apt. #, Etc.

Suite 302

City

Coral Gables

State

FL

Zip Code

33134

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MM	Pablo S. Quesada	14645 N.W. 77th Avenue	Miami Lakes, Fl 33014
MM	Pedro A. Gonzalez	2333 Ponce De Leon Blvd, Suite 302	Coral Gables, Fl 33134

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Date

Jan 24, 2012

Daytime Phone #

305-448-4344

Typed or printed name of signing Managing Member/Manager

FILED

11 FEB 4 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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KS

**REINSTATEMENT**

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4. State/Country of Formation

Miami Dade

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number



Applied For



Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

E-mail Address:

(To be used for future annual report notices)