

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

13 MAY 23 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A06000001552

1. Name of Limited Partnership

SAMET FAMILY PARTNERSHIP, L.P.

900248216149
05/23/13--01026--002 **3000.00
REINSTATEMENT 11-13

2. Principal Office Address - No P.O. Box #
9100 S. Dadeland Blvd

3. Mailing Office Address
9100 S. Dadeland Blvd

Suite, Apt. #, etc.
Suite 1600

Suite, Apt. #, etc.
Suite 1600

City & State.
MIAMI, FL

City & State
MIAMI, FL

Zip **33156** Country **USA**

Zip **33156** Country **USA**

4. Date Formed or Registered
To Do Business in Florida

5. FSI Number
52-2007096

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
G, B, B-B- REGISTRIES, LLC

Street Address (P.O. Box Number is Not Acceptable)
7301 SW 57TH COURT

Suite, Apt. #, Etc.
SUITE 560

City
SOUTH MIAMI

FL Zip Code
33143

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.
Supplemental Fee(s): \$88.75 for each year due this office.
Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.

E-mail Address:

ABinstock@braae.com

E-Mail address to be used for future annual report notices.

9. 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 (Registered Agent Accepting Appointment)

(REGISTERED AGENT MUST SIGN)

DATE **5/15/13**

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
GERALD H. SAMET	4553 STERN AVE.	SHERMAN OAKS, CA 91423	
JOAN S. DZIEKANSKI	101 WEST 23RD ST., APT 2L	NEW YORK, NY 10011	

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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. 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 *Joan S. Dziekanski*

DATE **5/15/13**

Typed or Printed Name of General Partner Signing Form

Joan S Dziekanski

Telephone Number **212-645-2978**