


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
 2013 SEP 13 PM 12:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # A11000000361
 1. Name of Limited Partnership
OYE INVESTMENTS, LLC

2. Principal Office Address - No P.O. Box # 1500 San Remo Ave.		3. Mailing Office Address 1500 San Remo Ave.	
Suite, Apt. #, etc. Suite 125		Suite, Apt. #, etc. Suite 125	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33146	Country USA	Zip 33146	Country USA

CR2E039 (1/11)

4. Date Formed or Registered To Do Business in Florida **May 5, 2011**

5. FEI Number **80-0730768** 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 **Atrium Registered Agents, Inc.**

Street Address (P.O. Box Number is Not Acceptable)
1500 San Remo Ave.

Suite, Apt. #, Etc.
Suite 125

City **Coral Gables** FL Zip Code **33146**

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:
oye@pnrlaw.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.

Atrium Registered Agents, Inc.
 SIGNATURE (Registered Agent Accepting Appointment) *Mark Starkman* by **Mark R. Starkman** DATE **9/11/13**
 (REGISTERED AGENT MUST SIGN) VP

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
M. A. Langa, LLC	11999 SW 248 Street	Miami, FL 33032	M11000002409
<p>S. HAWKES</p> <p>SEP 13</p> <p>EXAMINER</p> <p>REINSTATEMENT</p> <p>800251678028 09/13/13--01001--013 **2000.00</p>			

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 this document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE *Mark Starkman* DATE **9/11/13**

Typed or Printed Name of General Partner Signing Form **MARK R. STARKMAN, Authorized** Telephone Number **305-665-3311**