

**2015 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P93000028563

**FILED**  
**Oct 21, 2015**  
**Secretary of State**  
**CR2723692855**

**Entity Name:** PONCE PARTNERSHIP, INC.

**Current Principal Place of Business:**

11630 SW 62ND AVE  
PINECREST, FL 33156

**Current Mailing Address:**

11630 SW 62ND AVE  
PINECREST, FL 33156 US

**FEI Number:** 65-0406130

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BLANKMAN, DOUGLAS A  
SUITE 1611, ONE FINANCIAL PLAZA  
NATIONSBANK TOWER  
FT. LAUDERDALE, FL 33394 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** DOUGLAS BLANKMAN

10/21/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HASSINE, SIMON  
Address II GROVE ISLE DR. #1210  
City-State-Zip: COCONUT GROVE FL 33133

Title S  
Name HASSINE, CATHY  
Address 11630 SW 62ND AVE  
City-State-Zip: PINECREST FL 33156

Title T  
Name ELIAS, PATRICIA  
Address II GROVE ISLE DRIVE #1210  
City-State-Zip: MIAMI FL 33133

Title V  
Name HASSINE, MICHELE  
Address II GROVE ISLE DR. #1210  
City-State-Zip: COCONUT GROVE FL 33133

Title V  
Name HASSINE, JACKIE  
Address II GROVE ISLE DR. #1210  
City-State-Zip: COCONUT GROVE FL 33133

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CATHY HASSINE

VP

10/21/2015

Electronic Signature of Signing Officer/Director Detail

Date