


2007 LIMITED PARTNERSHIP REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 11 PM 12:55

DOCUMENT # A07090
1. Entity Name
INDUSTRIAL AFFILIATES, LTD.




Principal Place of Business Mailing Address
C/o Bruce Fish C/o Bruce Fish
6640 Allison Rd. 6640 Allison Rd.
Miami Beach, FL 33141 Miami Beach, FL 33141

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



11302007 REIN-LP CR2E100 (1/07)
4. FEI Number 59-1945890 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Bruce Fish
6640 Allison Rd.
Miami Beach, FL 33141

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 *Bruce Fish* DATE 12/3/07
Signature typed or printed name of registered agent and title, if applicable. (REGISTERED AGENT MUST SIGN)

FILE NOW!!! FEE IS \$500.00
After January 1, 2008, Fee will be \$1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	G9514390027 INDUSTRIAL INVESTORS, A FLA. GEN. PTSHP. 2850 N.W. 72ND AVENUE MIAMI, FL	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	600112952216 12/07/07-01954-017 **500.00
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *Bruce Fish* DATE: 12/3/07 (305)205-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Kurcias, Jaffe & Company LLP
Certified Public Accountants
111 Great Neck Road
Great Neck, NY 11021
Tel (516) 482-7777
Fax (516) 466-5836

Client: INDUSTRIAL AFFILIATES, LTD.

Type of Return: Florida 2007 Limited Partnership Reinstatement

Form No: CR2E0100

Total Fee Due: \$ 500.00

Make Check Payable To: Florida Department of State
(Please write your "ID# 59-1945890" and "200 Florida
Limited Partnership Reinstatement" on your check.

Sign Page: Page 1 – Bruce Fish – Block 8
Page 2 – Bruce Fish – Block 14

Mail To: **Division of Corporations**
P.O. Box 6327
Tallahassee, FL 32314

Due Date: Immediately