

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 24 PM 11:02

REINSTATEMENT 2000

DO NOT WRITE IN THIS SPACE.

DOCUMENT # A23656

1. Name of Limited Partnership  
HOBE ASSOCIATES, LTD.

2. Mailing Address  
900 West 49th Street

Suite, Apt. #, etc.  
Suite 438

City & State  
Hialeah, Florida

Zip Country  
33012 USA

3. Principal Office Address  
8116 Hibiscus Circle

Suite, Apt. #, etc.  
City & State  
Tamarac, Florida

Zip Country  
33321 USA

4. Date Formed or Registered  
To Do Business in Florida 11/25/1986

5. FEI Number  
592480791

Applied For  
Not Applicable

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

7. State or Country of Formation FLORIDA, USA

8a. Capital Contributions as Shown  
on Record  
\$1,000,000.00

8b. Amount of Capital Contributions in  
FLORIDA to date.  
\$25,000.00

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.  
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.  
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

RICHARD D. FRIEDMAN  
14313 FLORA LANE  
WELLINGTON, FL 33414

Name  
ARTHUR ROGOW  
Street Address (P.O. Box Number Is Not Acceptable)  
8116 HIBISCUS CIRCLE  
Suite, Apt. #, etc.  
City TAMARAC FL Zip Code 33321

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

*Arthur Rogow*

DATE 10/16/00

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Names of General Partner(s)

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

11a. Registration  
Document Number

ROYO INTERNATIONAL, INC.

11411 U.S. HIGHWAY  
ONE

HOBE SOUND, FLORIDA

P99000029226

300003457119--1  
-11/08/00--01040--021  
\*\*\*\*763.75 \*\*\*\*763.75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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.

SIGNATURE

*Philip Young*

DATE 10/16/00

Typed or Printed Name of General Partner Signing Form

PHILIP YOUNG

Telephone Number

(305)826-7865 X202

CRP-039 (12/98)