* PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED PARTNERSHIP REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations			TE THE	OS JAN 22 PM 1: 21	
DOCUMENT # A24380 1. Name of Limited Partnership Henry A. Pollak Family Limited Partnership \796			MK	EE. FLORIDA	
2. Principal Office Address 40 Wood Road 40 Wood Road		4. Date Formed or Registered To Do Business in Florida 0			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number 59-2758778	Applied For Not Applicable	
City & State Tenafly, New Jersey	City & State Tenafly, New	/ Jersev	CERTIFICATE OF STATUS DESIRED	\$8.75. Add trong Fee sequence for a Certificate of Status	
Zip Country 07670— USA	Zip 07670	Country	70. Capital Contributions as shown on Record: 864,422		
8. Name and Address of Current Registered Agent		7b. Amount of Capital Contributions	h FLORIDA to date: 864,422		
Abraham M. Mora, Esq. Street Address (P.C. Box Number is Not Acceptable) 777 S. Flagler Drive, West Tower Suite, Apt. #, Etc. Suite 900 City West Palm Beach State Zp Code El 33401			1.) Filing Fee(s): Computed at a rate of in 7b, with a minimum filing fee of for said year dust the office. 2.) Supplemental Fee(s): \$88.75 for g with 1992 catendar year. 3.) Penalty Fee(s): \$500 penalty fee f Note: If the amount entered in 7b.	2.) Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 catendar year. 3.) Penalty Fee(s): \$500 penalty fee for <u>each year report from is definouent.</u> Note: If the amount entered in 7b is greater than amount entered: or 7s, a supplemental efficient must be submitted along with a separate	
West Palm Beach FL 33401 and eppropriate filing fee. 8. Pursuant to the provisions of sections 620,1051 and 620,192, Florida Steates, the above-named imited 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, it am familiar with, and accept the obligations of section 620,192. Borde Statutes SIGNATURE (Registered Agent Accepting Appointment) DATE DATE DATE					
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 Ea (Do NOT Use Po	sch General Partner si Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number	
Harvey B. Pollak	889 Harriso 4th Floor		Riverhead, NY 11901 02/02/05-01	\$855252 01-003 **5271. 5	
Phyllis Pollak Katz 40 Wood Road Tenafly, NJ 07670					
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 wint this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i). Floride Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is desired exempt from public access. I further certify that I am a General Pariner of 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 certify that I am a General Pariner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. SIGNATURE DATE DATE DATE					

Phillips Point
West Tower, Suite 900
777 South Flagler Drive.
West Palm Beach, Florida 33461-6163
561 802-3230
Fax 561 802-3217
www.kayescholer.com

January 21, 2005

Florida Department of State Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Henry A. Pollak Family Limited Partnership (the "Partnership")

Document Number A24380

Partnership Reinstatement - Waiver of Penalty

Dear Sir/Madame:

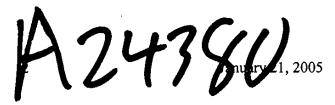
I am writing this letter to kindly ask you to waive and refund the penalty for failure to file the annual report for the Partnership. This penalty should be waived because the general partner did not receive the annual report in 1996 or any subsequent year. The original partners of the Partnership were Henry A. Pollak and Rose Pollak. They lived at 100 Lakeshore Drive, Apartment # 552, North Palm Beach, Florida, which was the original address of the Partnership.

Henry Pollak died on February 20, 1987 and Rose Pollak died June 6, 1996. Their children, Harvey and Phyllis, were left without parents and little knowledge about the Partnership. Their parent's house was quickly sold, which is where the annual reports were being sent. Therefore, the children never received the annual reports. The children had no idea that they were not in compliance.

Many years have passed and the children have finally been informed of the inactive status of the Partnership. As part of a transaction, the partners need to reinstate the Partnership quickly.

KAYE SCHOLERUP

Florida Department of State



In this regard, they have submitted the attached Partnership together with a check in the amount of \$10,271.25. Of this amount, \$5,000 represents penalties for ten (10) years. We kindly request that this penalty be refunded to the Partnership given the death of the parents, who were the original general partners, and the children's good faith and complete lack of knowledge of the failure to file. In particular the illness and death of the mother, the then remaining general partner, right around the 1996 due date for the annual report caused the successor general partners to never receive any annual reports.

If you need any additional information, please do not hesitate to contact me.

Regards,

Mark R. Brown

MRB/psc Enclosure