

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

A27657

FILED

01 FEB -8 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Name of Limited Partnership  
BODWIN LTD

2. Principal Office Address  
12705 N.W. 42AVE  
Suite, Apt. #, etc.  
City & State  
MIAMI FLA  
Zip  
33054  
Country  
USA

3. Mailing Office Address  
P.O. BOX 384  
Suite, Apt. #, etc.  
City & State  
MIAMI FL  
Zip  
33054  
Country  
USA

4. Date Formed or Registered To Do Business in Florida  
1988

5. FEI Number  
65-0045751  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$0.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record:  
3,000,000

7b. Amount of Capital Contributions in FLORIDA to date:

B. Name and Address of Current Registered Agent

Name  
SCOTT MILLER  
Street Address (P.O. Box Number is Not Acceptable)  
12705 NW 42AVE  
Suite, Apt. #, Etc.  
City  
MIA  
State  
FL  
Zip Code  
33054

FEES:  
1. Filing Fees: Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$457.50, 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 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.102, 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 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *[Signature]* 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 Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
TPY Enterprises, INC.	c/o Scott Miller 4000 Island Blvd #2102	Aventura, FL 33160	FO1000000515 300003582849-- -01/26/01--01150--017 ***1166.25 ***1078.75 900003582849-- -02/08/01--01032--004 ****473.75 ****473.75

REINSTATEMENT 2000  
+ 2001 UBR FEE

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 the exemption stated in Section 119.07(3)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) in the event that this 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, partner or trustee empowered to execute this report as required by chapter 620, Florida Statutes.  
SIGNATURE *[Signature]* DATE  
Typed or Printed Name of General Partner Signing Form Telephone Number 305 688 9832

n/k 2/8