
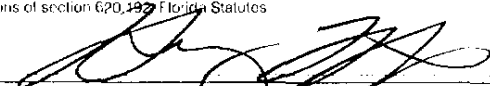


APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  98 JUN -9 PM 4: 22  SECRETARY OF STATE TALLAHASSEE, FLORIDA  DO NOT WRITE IN THIS SPACE	
DOCUMENT # <b>A 29881</b> 1. Name of Limited Partnership: <b>BRESSON Family Limited Partnership</b>					
2. Mailing Address		3. Principal Office Address		4. Date Formed or Registered To Do Business in Florida: <b>3/29/90</b>	
Suite, Apt. #, etc.: <b>897 WABASH CT.</b> City & State: <b>CLAREMONT CA</b> Zip: <b>91711</b> Country: <b>USA</b>		Suite, Apt. #, etc.: <b>SUITE 300</b> City & State: <b>WINTER PARK, FL</b> Zip: <b>32790</b> Country: <b>USA</b>		5. FEI Number: <b>59-3002920</b> Applied For: <input type="checkbox"/> Not Applicable: <input checked="" type="checkbox"/>	
8a. Capital Contributions as Shown on Record: <b>423,352.23</b>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status.</b>			
8b. Amount of Capital Contributions in FLORIDA to date: <b>423,352.23</b>		7. State or Country of Formation: <b>FL</b>			
9. Name and Address of Current Registered Agent			10. If changed, new registered agent/office		
Name: <b>HARRY FLOYD</b> Street Address (P.O. Box Number Is Not Acceptable): <b>280 WEST CANTON AVE.</b> Suite, Apt. #, etc.: <b>SUITE 300 (P.O. BOX 118)</b> City: <b>WINTER PARK, FL</b> Zip Code: <b>32790</b>					
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):  DATE: <b>6/4/98</b>					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
11. Names of General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11a. Registration Document Number	
<b>BRESSON, VICTOR COS</b> <b>BRESSON, GLORIA FAY</b>		<b>897 Wabash Ct</b> <b>CLAREMONT, CA</b> <b>91711</b>		<b>000002561130--2</b> <b>-06/16/98--01087--007</b> <b>****526.25 ****526.25</b> <b>6-12</b>	

**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:   
 Typed or Printed Name of General Partner Signing Form: **GLORIA BRESSON**

DATE: **5/14/98**  
 Telephone Number: **(909) 624-1353**

CR2E039 (12/97)