

A 95000001600

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

400135964954 09/16/08--01021--003 **52.50 400135964954 09/16/08--01021--004 **4000.00

CR2E039 (1/07)

DOCUMENT # A95000001600 1. Name of Limited Partnership BIANCULLI FAMILY LIMITED PARTNERSHIP 05

2. Principal Office Address - No P.O. Box # 513 Palm Drive Suite, Apt. #, etc. 3. Mailing Office Address 513 Palm Drive Suite, Apt. #, etc. City & State Hallandale, Florida City & State Hallandale, Florida Zip 33009 Country USA Zip 33009 Country USA

4. Date Formed or Registered To Do Business in Florida 10/24/1995 5. FEI Number 650616900 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent Name Dade County Corporate Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 18901 NE 29th Avenue Suite, Apt. #, Etc. Suite 100 City Aventura State FL Zip Code 33180

7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records. A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.

9. 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 (Registered Agent Accepting Appointment) Dade County Corporate Agents Inc DATE 9/5/08 (REGISTERED AGENT MUST SIGN)

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

Table with 4 columns: 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. Row 1: L.D.L.E., Inc., 513 Palm Drive, Hallandale, FL 33009, P95000078383

REINSTATEMENT 2005-2008

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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 Louis R. Bianculli DATE 9/5/08 Typed or Printed Name of General Partner Signing Form L.D.L.E., Inc., General Partner Telephone Number 305-933-2000

BY: LOUIS R. BIANCULLI