

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP  
 FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

A97000002022

FILED  
 MAR 10 PM 5:00  
 FLORIDA DEPARTMENT OF STATE  
 DO NOT WRITE IN THIS SPACE

**DOCUMENT #** A97000002022  
**1. Name of Limited Partnership**  
 STEPELTON PARTNERS LIMITED

<b>2. Mailing Address</b> 2395 SE 8th Street Suite, Apt #, etc	<b>3. Principal Office Address</b> 2395 SE 8th Street Suite, Apt #, etc	<b>4. Date Formed or Registered To Do Business in Florida</b> 9/18/97	<b>5. FEI Number</b> 65-0784566
City & State Pompano Beach, FL	City & State Pompano Beach, FL	<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
Zip 33062	Country USA	<b>7. State or Country of Formation</b> Florida	

**8a. Capital Contributions as Shown on Record**  
625,000

**8b. Amount of Capital Contributions in FLORIDA to date**  
0.00

**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.

<b>9. Name and Address of Current Registered Agent</b> Steven Sciarretta Esq 2300 Glades Rd. #302E Boca Raton, FL 33431	<b>10. If changed, new registered agent/office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt #, etc City FL Zip Code
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**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 5/3/99

**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. Registrar Document Number
Stepelton Advisors Inc.	2395 SE 9th Street	Pompano Beach, FL 33062	P970000080245  800002907988--8 -06/17/99--01087--001 ****641.25 ****641.25  99 OK

**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 Sean Stepelton Pres. Sean Stepelton, Pres. DATE 5/3/99

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Telephone Number \_\_\_\_\_

CR2E039 (1/2/98)