APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN 12 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # A 97000002037

1. Name of Limited Partnership
Kritchman Enterprises, Ltd.

2. Mailing Address: C/o First Union National Bank
Suite, Apt. #, etc.: 200 S. Biscayne Blvd., Att: Kimberly Smith
City & State: Miami, Fl.
Zip: 33131 Country: USA

3. Principal Office Address
Suite, Apt. #, etc.: "
City & State: "
Zip: " Country:

4. Date Formed or Registered To Do Business in Florida: 09/17/97

5. FEI Number: See Application Attached [x] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation: Florida

8a. Capital Contributions as Shown on Record: $6,000,000.00

8b. Amount of Capital Contributions in FLORIDA to date: $6,000,000.00

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.

9. Name and Address of Current Registered Agent
Dan P. Heller, Esq.
701 Brickell Avenue, Suite 1900
Miami, Florida 33131

10. If changed, new registered agent/office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

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 6/10/98

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. Registration Document Number
Kritchman Irrevocable Trust	200 South Biscayne	Miami, Fl. 33131	G-97262900013

700002566747--1
-06/19/98--01125--001
****500.00 ****500.00
700002566747--1
-06/19/98--01125--002
****526.25 ****526.25

REINSTATEMENT 98 dcc

CR2E039 (12/97)

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 _____ VP of Operations DATE 6/10/98

Typed or Printed Name of General Partner Signing Form: KIMBERLY SMITH VP + TRUST OFFICER Telephone Number

Form **SS-4**
(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
Kritchman Enterprises, Ltd.

2 Trade name of business (if different from name on line 1)
N/A

3 Executor, trustee, "care of" name
c/o Kimberly Smith, Co-Trustee

4a Mailing address (street address) (room, apt., or suite no.)
200 S. Biscayne Blvd. 14th Fl.

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Miami, Florida 33131

5b City, state, and ZIP code

6 County and state where principal business is located
Dade County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ► 046-46-4445
Kimberly Smith, Co-Trustee of the General Partner

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole proprietor (SSN) ____
- ☒ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) ► ____
- ☐ Other (specify) ►
- ☐ Personal service corp.
- ☐ Limited liability co.
- ☐ National Guard
- ☐ Estate (SSN of decedent) ____
- ☐ Plan administrator-SSN ____
- ☐ Other corporation (specify) ► ____
- ☐ Trust
- ☐ Federal Government/military
- ☐ Farmers' cooperative
- ☐ Church or church-controlled organization

(enter GEN if applicable) ____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: Florida — Foreign country:

9 Reason for applying (Check only one box.)

- ☒ Started new business (specify) ► Investment Partnership
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ►
- ☐ Banking purpose (specify) ► ____
- ☐ Changed type of organization (specify) ► ____
- ☐ Purchased going business
- ☐ Created a trust (specify) ► ____
- ☐ Other (specify) ►

10 Date business started or acquired (Mo., day, year) (See instructions.)
September 19, 1997

11 Closing month of accounting year (See instructions.)
December 31

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)* ►

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)* ►

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (See instructions.) ► Investments

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check the appropriate box.
☐ Business (wholesale) ☐ Public (retail) ☐ Other (specify) ► ☒ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Kritchman Irrevocable Trust, General Partner

Business telephone number (include area code)
789-4631

Name and title (Please type or print clearly.) ► Kimberly Smith, Co-Trustee

Fax telephone number (include area code)
789-4630

Signature ► Kimberly Smith Date ►

Note: *Do not write below this line. For official use only.*

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying

RUDEN
McCLOSKY
SMITH
SCHUSTER &
RUSSELL, P.A.
ATTORNEYS AT LAW

701 BRICKELL AVENUE
SUITE 1900
MIAMI, FLORIDA 33131

(305) 789-2700
FAX: (305) 789-2793

WRITER'S DIRECT DIAL NUMBER: (305) 2735
E-MAIL: DPH@RUDEN.COM

June 10, 1998

Division of Corporations
Attention: Partnership Section
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Kritchman Enterprises, Ltd.
Document No. A97000002037

Gentlemen:

Enclosed please find a fully completed and executed Application for Reinstatement for Limited Partnership for the above captioned limited partnership, which has been signed by Kimberly Smith, co-trustee of the general partner, of the Kritchman Irrevocable Trust.

In addition to the application, enclosed please find two checks payable to the Department of State in the total amount of $1,026.25 representing the annual filing fee for one year of $437.50, supplemental fees for one year of $88.75 and a penalty fee of $500.00 for one year.

If you need any additional information and/or documentation, please feel free to contact the undersigned.

Very truly yours,

RUDEN, McCLOSKY, SMITH,
SCHUSTER & RUSSELL, P.A.

Dan P. Heller

DPH/saj
Enclosures