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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2000-2002 LIMITED PARTNERSHIP REINSTATEMENT-UBR

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

DOCUMENT # 808 000000340

1. Name of Limited Partnership
Castlere Investment Partners, L.P.

2. Principal Office Address
2109 Bellmead Ave
Suite, Apt. #, etc.

3. Mailing Office Address
Same
Suite, Apt. #, etc.

4. Date Formed or Registered To Do Business in Florida

5. FEI Number
23-2887496 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$675 Additional Fee (required for a Certificate of Status)

7a. Capital Contributions as shown on Record: \$10,000

7b. Amount of Capital Contributions in FLORIDA to date: \$10,000

8. Name and Address of Current Registered Agent
Name: Medallion Capital Corp
Street Address (P.O. Box Number is Not Acceptable): 700 U.S. #1
Suite, Apt. #, Etc.: Suite H
City: North Palm Beach State: FL Zip Code: 33408

9. Pursuant to the provisions of section 609.01, Florida Statutes, I, the undersigned, registered under the laws of the State of Florida, submit the statement used by its general partner(s), I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 609.01, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment): [Signature] DATE: 6/4/02

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
John M. Rouse	71 Tunbridge Rd	Haverford PA 19041	313.50-Adm / 366
Dolores Z. Rouse	71 Tunbridge Rd	Haverford PA 19041	52.50-LP / 119

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change general partners.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the purpose of limiting or eliminating the liability of the general partner(s) on this annual report to the public and accurate and that my signature shall have the same legal effect as if I were empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE: [Signature] DATE: 6/05/2002

Typed or Printed Name of General Partner Signing Form: John M. Rouse Telephone Number: 400005754874-1 1008-020

CH2000 (0001)

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400005754874-1
1008-019
***366.00

400005754874-1
DATE: 6/05/2002
1008-020
***119.00 ***119.00

2062

CASTLAREA INVESTMENT PARTNERS

2109 BELLEMEAD AVENUE
HAVERTOWN, PA., 19083
PHONE 610-449-5000
FAX 610 449-5004

May 28, 2002

Florida Department of State
Ms. Katherine Harris, Sect. Of State
Tallahassee, Florida

Dear Ms. Harris :

We operate more than one entity in the state of Florida, Our staff processes and file all renewals in a timely fashion each year.

For some reason, the renewal request for Castlerea Investment Partners have not been recieved by our office.

Therefore, please accept our request for reinstatement without the \$500.00 penalty for each year of non-renewal, and accept our check in the amount of \$ 366.00 , for three years at \$70.00 and \$52.00 = \$122.00 per years x 3 years total \$366.00.

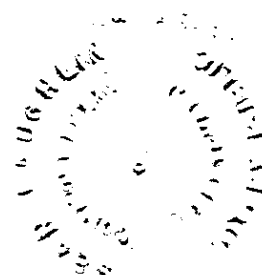
I have had this statement notarized and executed by a local Notery .

Respectfully

John M. Rouse
John M. Rouse
Castlerea Investment Partners

Sean Laughlin

NOTARIAL SEAL
SEAN LAUGHLIN, Notary Public
Lower Merion Twp., Montgomery County
My Commission Expires June 15, 2002



5.31.02