		1012
PLEASE D ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
PARTNERSHIP REINSTATEMENT	A DEPARTMENT OF STATE Katherine Harris Secretary of State VISION OF CORPORATIONS	FILED 01 NOV-7 PM 12: 17
DOCUMENT # A OGOOOOO/35/-  1. Name of Limited Partnership		SECRETARY OF STATE ALLAHASSEE, FLORIDA
DANIELS FAMILY HOLDINGS LTD.		
	Office Address Sw.11 <sup>th</sup> St	4. Date Formed or Registered To Do Business in Florida 8-30-2000  5. FEI Number Applied For
		. 65-/036544 Not Applicable
City & State Plantation, Fl. Plan	tation Fl.	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Zip Country Zip 333.	17 USA.	7a. Capital Contributions as shown on Record:  7 / 00.00  7b. Amount of Capital Contributions in FLORIDA to date:
8. Name and Address of Current Registered Agent		\$100.00
Street Address (P.O. Box Number is Not Acceptable) 6598 N.W. 972 Or IVE  Suite, Apt. #, Etc.  City————————————————————————————————————		FEES:  1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, 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 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
9. Pursuant to the provisions of sections 620.1051 and 620.192. Florida Stratutes, 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 ageny or both. in the diage 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.		
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) (Do N	ddress of Each General Partner IOT Use Post Office Box Numbers)	City, State and Zip Code 10a. Registration Document Number
Stewart A. Daniels 602	115.W.17 Street Pl	antation Fl
Wanda Daniels Skolen		33317-5207
as Trustees of the		
Stewart A. Daniels Revo Kable Trust		6000046888263 -11/20/0101030009
b/a/d 12/16/1985		****150.00 ****150.00

**SIGNATURE** 

Stewart a Domiels

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

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)(i). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 any accurate and that my signature shall have the same legal effects as if made under oath. I further certify that 1 am a General Partner of the limited partnership, receiver o trustee empowered to execute his report as required by chapter 620. Florida Statutes.

DATE Oct 24, 2001