
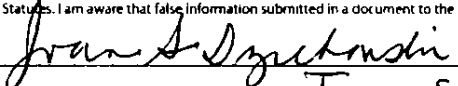


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> A06000001552 1. Name of Limited Partnership <b>SAMET FAMILY PARTNERSHIP, L.P.</b>			
2. Principal Office Address - No P.O. Box # <b>9100 S. Dadeland Blvd</b>		3. Mailing Office Address <b>9100 S. Dadeland Blvd</b>	
Suite, Apt. #, etc. <b>Suite 1600</b>		Suite, Apt. #, etc. <b>Suite 1600</b>	
City & State. <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33156</b>	Country <b>USA</b>	Zip <b>33156</b>	Country <b>USA</b>
8. Name and Address of Current Registered Agent Name <b>G, B, B-B- REGISTRIES, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>7301 SW 57TH COURT</b> Suite, Apt. #, Etc. <b>SUITE 560</b> City <b>SOUTH MIAMI</b>		4. Date Formed or Registered To Do Business in Florida <b>05/23/13--01026--002 **3000.00</b> <b>REINSTATEMENT 11-13</b> 5. FFI Number <b>52-2007096</b> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status 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. E-mail Address: <b>ABinstock@braae.com</b> E-Mail address to be used for future annual report notices.	
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)  DATE <b>5/15/13</b> <b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
10. Name(s) of General Partner(s) <b>GERALD H. SAMET</b> <b>JOAN S. DZIEKANSKI</b>		10a. Registration Document Number	
Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>4553 STERN AVE.</b> <b>101 WEST 23RD ST.,</b> <b>APT 2L</b>		City, State and Zip Code <b>SHERMAN OAKS, CA</b> <b>91423</b> <b>NEW YORK, NY 10011</b>	
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>			
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE  DATE <b>5/15/13</b> Typed or Printed Name of General Partner Signing Form <b>Joan S Dziekanski</b> Telephone Number <b>212-645-2978</b>			