

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT DOCUMENT # <u>AD 0000001432</u>		FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS <div style="text-align: right;"> FILED NOV 14 PM 1:39 </div>	
1. Name of Limited Partnership ROBO PARTNERS LTD.		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status 7a. Capital Contributions as shown on Record: 7,000 7b. Amount of Capital Contributions in FLORIDA to date: 104,000 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.	
2. Principal Office Address 4381 White Cedar Lane Suite, Apt. #, etc. City & State Delray Beach, FL. Zip Country 33445 USA	3. Mailing Office Address 4381 White Cedar Lane Suite, Apt. #, etc. City & State Delray Beach, FL. Zip Country 33445 USA	4. Date Formed or Registered To Do Business in Florida 5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Robert Smith Street Address (P.O. Box Number is Not Acceptable) 4381 White Cedar Lane Suite, Apt. #, Etc. City State Zip Code Delray Beach FL 33445			
9. 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 _____			
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) Robert Smith Roslyn Smith Howard Smith Penny Smith	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4381 White Cedar Lane 4381 White Cedar Lane 5 Deepwood Court 2 Partridge Lane	City, State and Zip Code Delray Beach, FL 33445 Delray Beach, FL 33445 Old Westbury, NY 11568 Old Westbury, NY 11568	10a. Registration Document Number FF \$1,000.25 CWS 8.75
REINSTATEMENT 2001			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. 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 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 <u>Robert Smith</u> DATE <u>11/9/01</u> Typed or Printed Name of General Partner Signing Form Robert Smith Telephone Number (561) 498-0124			

CR2E039 (9/01)