

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



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

DOCUMENT # A00000002053

1. Name of Limited Partnership

Hand Family Partnership, Limited

2. Principal Office Address

1201 South Ocean Drive

Suite, Apt. #, etc.

Apt. 1101-S

City & State

Hollywood, Fla.

Zip

33019

Country

Broward

3. Mailing Office Address

1201 South Ocean Drive

Suite, Apt. #, etc.

Apt. 1101-S

City & State

Hollywood, Fla.

Zip

33019

Country

Broward

8. Name and Address of Current Registered Agent

Name

Manuel Hand

Street Address (P.O. Box Number is Not Acceptable)
1201 South Ocean Drive

Suite, Apt. #, Etc.

Apt. 1101-S

City

Hollywood

State

FL

Zip Code

33019

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)

Manuel Hand

DATE

9/16/02

**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

Manuel Hand

1201 South Ocean Dr.
Apt. 1101-S

Hollywood, Fla.

A00000002053

Shirley Hand

1201 South Ocean Dr.
Apt. 1101-S

Hollywood, Fla.

A00000002053

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REINSTATEMENT

2001-2002

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

1. 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)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated in 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

Manuel Hand

MANUEL HAND

DATE

9/16/02

Print or Typed Name of General Partner Signing Form

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DIVISION OF CORPORATIONS
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FAX (856) 384-1230

October 3, 2002

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Hand Family Partnership
Document No. A00000002053

Dear Sir/Madam:

We represent the Hand Family Partnership. On September 28, 2001, the limited partnership's authority to transact business was revoked.

The limited partnership would now like to be reinstated. Accordingly, enclosed please find an original and one (1) copy each of a Limited Partnership Reinstatement Application, a Limited Partnership Uniform Business Report for 2001 and 2002 and two (2) checks, each in the amount of \$641.55, representing the annual filing fee of \$141.25 plus the \$500.00 late fee for the years 2001 and 2002. Would you kindly file the original Reinstatement form and Uniform Business Reports and stamp the enclosed copies "filed" and return them to me in the envelope enclosed. Once the limited partnership has been reinstated, would you please send me copies of all documentation evidencing the reinstatement of the limited partnership.

If you have any questions, please call me.

Very truly yours,

ANGELINI, VINIAR & FREEDMAN

RICHARD P. FREEDMAN

RPF:mh

Enclosures

cc: Mr. Manuel Hand (w/o encls.)

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TALLAHASSEE, FLORIDA