PLEASERE DALL IS TUDIOUS OF COL ON PLEASE FORM.

LIMITED PARTNERSHIP REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations				FILED 09 JUL 17 PM 3: 55			
DOCUMENT # A01000000629 1. Name of Limited Partnership Long Room, Limited Partnership				TALLAHASSEE, FLORIDA			
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address VA 22307 68/3 Radoleffe De PO-Box 72/3 Alexandr Suite, Apt. #, etc. Alexandria VA			CR_CU39 (1/07) 4. Date Formed or Registered To Do Business in Florida				
patenta de	City & State	Country		5. FEI Number		Applied For Not Applicable	
Zip Country	Zip	Country	1	6. CERTIFICATE OF STATUS DESIRED		itional Fee required rtificate of Status	
8. Name and Address of Current Registered Agent Name				7. FEES: Filing Fee(s): \$411.25 for each year due this office.			
JOE MANNA Street Address (P.O. Box Number is Not Acceptable) 1. 1136 MARCH DRIVE Suite, Apt. #. Etc.			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. A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in				
PORT CHARLOTTE State Zip Code FL 33953				circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.			
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) /s/ Joe Manna (REGISTERED AGENT MUST SIGN)				DATE 7/17/09			
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)	Name(s) of General Partner(s) Address of Each Ge (Do NOT Use Post Office			City, State and Zip Code		Registration current Number	
PLAXICO ENTERPRISES, INC. 6813 Rade:		iffe Drive	1001586 07/17/0901018- e Alexandria, VA 22307		<u> </u>	. 1 *4008.75 0002347	
State			1/	10		:	
REINSTAT	EMENT	2002-	LU	77 		٠	

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 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