FROM : PHONE NO. : 5612432602 Nov. 11 2002 01:58AM P2

A01000000667

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 NOV 21 PM 4:00

LR 11/25

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A01000000667

1. Name of Limited Partnership
FRANK ASSOCIATES, LTD.

REINSTATEMENT 2002

2. Principal Office Address	3. Mailing Office Address
525 B BROADWAY MALL	525B BROADWAY MALL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HICKSVILLE, N.Y.	City & State: HICKSVILLE, N.Y.
Zip: 11801 County: NASSAU	Zip: 11801 County: NASSAU

4. Date Formed or Registered To Do Business in Florida

5. FEI Number: 65-1105875 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7a. Capital Contributions as shown on Records: 3,000,000.00

7b. Amount of Capital Contributions in FLORIDA to date:

8. Name and Address of Current Registered Agent

Name: FRANKLIN L. FRANK
Street Address (P.O. Box Number is Not Acceptable): 3401 S. OCEAN BOULEVARD # 6
Suite, Apt. #, Etc.
City: HIGHLAND BEACH State: FL Zip Code: 33487

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 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)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
ELEANOR O. FRANK	HARBOR, EDGE #600 S.	401 E. Linton Blvd. DELRAY BEACH FL	
FRANKLIN FRANK	3401 S. OCEAN BLVD. #6	HIGHLAND BEACH FL 33487	
LENORE FRANK	3401 S OCEAN BLVD #6	HIGHLAND BEACH FL 33487	
CHARLES FRANK	3401 S. OCEAN BLVD. #6	HIGHLAND BEACH FL 33487	

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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 effect 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 ______________ DATE 10/31/02

Typed or Printed Name of General Partner Signing Form: KENNETH FRANK Telephone Number ______

REINSTATEMENT 2002