PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PARTNERSHIP REINSTATEMENT	FLORIDA DEPARTMENT OF STA Secretary of State DIVISION OF CORPORATIONS	TE	PM 8: 23	
DOCUMENT # AD 1000 1. Name of Limited Partnership	Portnership, Ltd.	· ·	11 of the act	
VIMENTS PAMILY	oviversity = -	į		
2. Principal Office Address - No P.O. Box # 153 UCCan Lanc DR.	3. Mailing Office Address 155 Ocean Lanc Dn	CR2E039	CR2E039 (1/11)	
Suite, Apt. #. etc	Suite, Apt, #, etc.	Date Formed or Registered		
A p+. 311 City & State	Ap f. 3//	To Do Business in Florida 5	129/2001	
Key Biscayne FL.	Key Biscayne, FL.	5. FEJ Number 65 11 08 440	Applied For Not Applicable	
JELY9 USA	33149 USA	6. CERTIFICATE OF STATUS DESIRED	\$8,75 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent		7. FEES: See Fees A		
Alexander D. Varkas Jr.		Filing Fee(s): \$411.25 for each year Supplemental Fee(s): \$88.75 for each		
Street Address (P.O. Box Number is Not Acceptable) 155 Ocean Lanc Drive		Penalty Fee(s): \$500 for each year partnership revoke	r or part thereof limited	
Suite, Apt #, Etc. ADT 311		E-mail Ad	dress:	
City Key Biscayne FL 32149		Varkas 3116 E-Mail address to be used to	COMCAST, NET	
Pursuant to the provisions of section 620 1810 or 620 18 Florida Statutes SIGNATURE (Registered Agent Accepting Appointment)	109, Flonda Statules. I hereby accept the appointment	of registered agent 1 am familiar with, and accept the	e obligations of Chapter 620.	
A GENERAL PARTNER THAT IS	REGISTERED AGENT MUST		BUSINESS ENTITY	
	BE REGISTERED AND ACTIV		1	
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	
Fulchum Point INC.	155 Ocean Lane DR.	Key Biscayne FL.	PO1000049286	
	AP1.311	33149		
NOTE (NAME CHANGED FROM	Key Biscayne, FL	,		
(NAME CHANGED FROM	33149			
FULCRUM Inc.)		<u>,3002699</u>	71033	
REINSTATEM	ENT FEB 2 5 20	1137734 714-4111111	-013 **4000.00	
	R. HUN	-		
Note: General partners MAY NOT I	pe changed on this form; an ame	endment must be filed to chan	ge a general partner.	
Ido hereby certify that the information supplied with this fill liability of non-compliance with Chapter 119, E.S. in the event and that my signature shall have the same legal effects as if in chapter 620, Florida Statutes. I am aware that false informations are supplied to the same legal effects as if in the same legal effects are same legal effects as if in the same legal effects are same legal effects. I do hereby certify that the information supplied with this fill in the same legal effects as if it is not same legal effects as it is not same legal effects. I do not same legal effects are same legal effects as it is not	t that the information supplied is deemed exempt from publi nade under oath I further certify that I am a General Partner on In submitted in a document to the Department of State cons	ic access. I further certify that the information indicated or of the limited partnership, receiver or trustee empowered titutes a third degree felony as provided for in s.817.155, F	n this annual report is true and accurate to execute this report as required by S.	
SIGNATURE WHY WHAS	p. Pres/ Dir. of Ful	COUM TOINT INSTE	42115	
SIGNATURE OLYNAMIAS, h. Pres Dir. of Fulcoum out INTE 2/2/15 Typed or Printed Name of General Partner Signing Form ALEKANDER D. Varkas Jr. Telephone Number 305-365-0135				