PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2004 MAR - 4 PM 1: 45 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA				
DOCUMENT # A02000001551 1. Name of Limited Partnership Perzia Enterprises, Ltd.					See Two Check			
2. Principal Office Address 82 Ladoga Drive		3. Mailing Office Address			4. Date Formed or Registered To Do Business in Florida 11/22/02			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number Applied For 54-2083434 Not Applicable			
City & State Tampa, Florida		City & State			CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
^{Zip} 33606	Country U.S.A.	Zip	Country		7a. Capital Contributions as shown of \$5,000,000.			
8. Name and Address of Current Registered Agent					7b. Amount of Capital Contributions in FLORIDA to date: \$2,000.00			
Street Address (P.O. Bo: 82 L.adog: Suite, Apt. #, Etc. City	Peter Perzia x Number is Not Acceptable) a Avenue	State	State 33676Code		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 <u>each year due</u> this office. 2.) Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinouent.</u> Note: If the emount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate			
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.								
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	
Anthony Peter Perzia		82 Ladoga Drive		Ta	mpa, Florida 33606			
Mary Märchetta Perzia		82 Ladoga Drive T		Ta	mpa, Florida 33606			
					3000299 03/04/0401.064	1000 -003	073 **1026.25	
					3000299 03/04/0401064	-002 -002	073 **1026.25	
REINSTATEMENT 2003 00								
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 $\underline{\ell}$	mony	1 verge			DATE 2-26-2014			
Typed or Printed Name of G	eneral Partner Signing Form	Anthony Peter	r Perzia		Telephone Number	253	·2506	