


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED PARTNERSHIP REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>SECRETARY OF STATE DIVISION OF CORPORATIONS</b>  <b>06 FEB -8 AM 9:06</b>									
<b>DOCUMENT #</b> <u>A02018</u>													
<b>1. Name of Limited Partnership</b>  <b>Warehouse Associates, Limited</b>													
<b>2. Principal Office Address</b> 19333 W. Country Club Drive  Suite, Apt. #, etc. <b>1922</b>  City & State <b>Aventura, Florida</b>  Zip      Country <b>33180      USA</b>		<b>3. Mailing Office Address</b> 19333 W. Country Club Drive  Suite, Apt. #, etc. <b>1922</b>  City & State <b>Aventura, Florida</b>  Zip      Country <b>33180      USA</b>		<b>700066120177</b> <b>02/17/06--01010--002    **1008.75</b> <b>CR2E039 (11/05)</b>									
<b>4. Date Formed or Registered To Do Business in Florida</b> <u>MAY 26, 1972</u>				<b>5. FEI Number</b> <u>591475188</u> <table border="1" style="width: 100%;"><tr><td>Applied For</td></tr><tr><td>Not Applicable</td></tr></table>		Applied For	Not Applicable						
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Not Applicable													
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>				<b>7. FEES:</b>  <b>Filing Fee(s): \$411.25 for each year due this office.</b>  <b>Supplemental Fee(s): \$88.75 for each year due this office.</b>  <b>Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records</b>									
<b>8. Name and Address of Current Registered Agent</b> <table border="1" style="width: 100%;"><tr><td colspan="2"><b>Name</b> <u>Monroe Cooperman</u></td></tr><tr><td colspan="2"><b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>19333 W. Country Club Drive</u></td></tr><tr><td colspan="2"><b>Suite, Apt. #, Etc.</b> <u>1922</u></td></tr><tr><td><b>City</b> <u>Aventura</u></td><td><b>State      Zip Code</b> <u>FL      33180</u></td></tr></table>						<b>Name</b> <u>Monroe Cooperman</u>		<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>19333 W. Country Club Drive</u>		<b>Suite, Apt. #, Etc.</b> <u>1922</u>		<b>City</b> <u>Aventura</u>	<b>State      Zip Code</b> <u>FL      33180</u>
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<b>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.</b> <table border="1" style="width: 100%;"><tr><td><b>SIGNATURE (Registered Agent Accepting Appointment)</b> <u>Monroe Cooperman</u> <small>(REGISTERED AGENT MUST SIGN)</small></td><td><b>DATE</b> <u>1/31/06</u></td></tr></table>				<b>SIGNATURE (Registered Agent Accepting Appointment)</b> <u>Monroe Cooperman</u> <small>(REGISTERED AGENT MUST SIGN)</small>	<b>DATE</b> <u>1/31/06</u>								
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<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>													
<b>10. Name(s) of General Partner(s)</b>		<b>Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>		<b>City, State and Zip Code</b>									
<b>Monroe Cooperman</b>		<b>19333 W. Country Club Drive, 1922</b>		<b>Aventura, Florida 33180</b>									
				<b>10a. Registration Document Number</b>									
<b>REINSTATEMENT 05-06</b>													
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>													
<b>11. 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 trustee empowered to execute this report as required by chapter 620, Florida Statutes.</b>													
<b>SIGNATURE</b> <u>Monroe Cooperman</u>		<b>DATE</b> <u>1/31/06</u>		<b>Telephone Number</b> <u>305-466-1593</u>									
<b>Typed or Printed Name of General Partner Signing Form</b> <u>Monroe Cooperman</u>													

**WAREHOUSE ASSOCIATES LIMITED**

19333 W. Country Club Drive

#1922

Aventura, Florida 33180

Telephone: (305) 466-1593

January 31, 2006

Partnership Section  
Secretary of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**Re: Warehouse Associates, Limited**  
**Document # A02018**

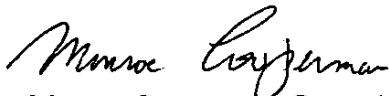
Ladies and Gentlemen:

Enclosed is the Limited Partnership Reinstatement application form completed for the reinstatement of Warehouse Associates, Limited, executed by the undersigned as general partner, and a check in the amount of \$1,008.75 to cover payment of the fees for reinstatement and the furnishing of a Certificate of Status.

The Annual Report form for 2005 for the limited partnership was not received and the amount of the enclosed check is calculated accordingly, in accordance with instruction received by telephone from your office.

If anything further is required, please call the undersigned at the telephone number shown on the above letterhead or Joseph B. Reisman at toll free number 877-291-5959

Very truly yours,



Monroe Cooperman, General Partner

Enclosures