

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATION

10 OCT 29 PM 12:35

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # AD030000001505

1. Name of Limited Partnership

China Discovery Investors Ltd.

2. Principal Office Address - No P.O. Box #

943 Lake Wyman Rd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Zip

33431

Country

USA

Zip

11

Country

11

CR2E039 (05/10)

4. Date Formed or Registered
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Marc Siegel

Street Address (P.O. Box Number is Not Acceptable)

943 Lake Wyman Rd.

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

9. Pursuant to the provisions of Section 820.1010 or 820.1009, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 820, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

[Signature]

DATE

10/29/10

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

Marc. Siegel

943 Lake Wyman Rd.

Boca Raton, FL.
33431

500186302805

10/05/10--01023--020 **100.00

REINSTATEMENT

500186302805

10/29/10--01004--005 **900.00

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 truthfully 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 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 820, Florida Statutes.

SIGNATURE

[Signature]

DATE

10/29/10

Typed or Printed Name of General Partner Signing Form

Telephone Number

N. Culligan OCT 29 2010