2005 LIMITED PARTNERSHIP REINSTATEMENT

STAPLE CHECK

SIGNATURE:

DOCUMENT # A04000000090 2005 SEP 29 PM 12: 59 PONCE DE LEON INVESTMENTS II, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2450 SW 137TH AVE., SUITE 221_ 2450 SW 137TH AVE., SUITE 221. MIAMI: FL 33175-MIAMI. FL 33175 2. Principal Place of Business 3. Mailing Address 4551 Ponce De Leon Blud Ponce De Leon Blue 4551 Suite, Apt. #, etc. Suite, Apt. #, etc. 09262005 REIN-I P CR2E100 (6/04) City & State City & State Applied For 4. FEI Number Coral Gables FL Coral Gables Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired \Box USA USA 33146 33146 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent A & A Registered Ag Street Address (P.O. Box Number is Not Acceptable) 4.551 Pance De Lean <u>Agent</u> A&P REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE-221 MIAMI, FL 33175 Zip Code Gables oral <u> 33146</u> 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. 9. Capital Contributions 10. Amount of Capital Contributions \$9,000.00 as Shown on record. in FLORIDA to date A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. DOCUMENT # P04000009711 STREET ADDRESS 4551 Ponce De Leon Blud PONCE DE LEON INVESTMENTS II, INC. NAME STREET ADDRESS 2450 SW 137TH AVE., SUITE 221 CITY-ST-ZIP CITY-ST-ZIP MIAMI: FL-89175 Gables - FL - 33146 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 600060245606 DOCUMENT # STREET ADDRESS 10/05/05--01018--002 **150.00 NAME STREET ADDRESS 600060245606 CITY-ST-ZIP CITY-ST-ZIP 18/05/05--01018--004 **S DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST- 7IP CITY-ST-7IP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

RE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

9-26-05

Date

(302) 991-9110

FILED