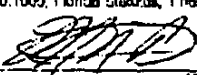


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 MAR 16 PM 12:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # A04000001473 1. Name of Limited Partnership Gospa Family Limited Partnership					
2. Principal Office Address - No P.O. Box # 3452 W. Boynton Beach Blvd.		3. Mailing Office Address 3452 W. Boynton Beach Blvd.		OK CR2E030 (1/07)	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1			
City & State Boynton Beach, Florida 33436		City & State Boynton Beach, Florida 33436			
Zip 33436	Country Palm Beach	Zip 33436	Country Palm Beach		
4. Date Formed or Registered To Do Business in Florida 9/14/2004					
5. FEI Number ☒ Applied For ☐ Not Applicable					
6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required for a Certificate of Status					
7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records. ☒ A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.					
8. Name and Address of Current Registered Agent Name Michael R. Presley, Esq. Street Address (P.O. Box Number is Not Acceptable) 3452 W. BOYNTON BEACH BLVD., SUITE 5 Suite, Apt. #, Etc. Suite 5 City Boynton Beach, Florida 33436 State FL Zip Code 33436					
9. Pursuant to the provisions of section 620.1010 or 620.1000, Florida Statutes, I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment) _____ DATE 3/6/2007 (REGISTERED AGENT MUST SIGN)					
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) Ka Hock Dy Go, M.D. Jeanne Go, M.D.		Address of Each General Partner (Do NOT Use Post Office Box Number) 3452 W. Boynton Beach Blvd., Suite 5 3452 W. Boynton Beach Blvd., Suite 5		City, State and Zip Code Boynton beach, Florida Boynton Beach, Florida	
				10a. Registration Document Number A04000001473 A04000001473	
		REINSTATEMENT 2006-2007			
				300095288943 03/29/07--01032--021 **1000.00	
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 accurately furnished and does not qualify for the exemptions contained in Chapter 110, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 110, 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 620, Florida Statutes.					
SIGNATURE _____ Typed or Printed Name of General Partner Signing Form Ka Hock Dy Go, M.D.				DATE 3/06/2007 Telephone Number 561.732.1147	