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

CR2E030 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3452 W. Boynton Beach Blvd.	3452 W. Boynton Beach Blvd.
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 ☐ $8.75 Additional Fee required for a Certificate of Status

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

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☑ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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.

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)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Ka Hock Dy Go, M.D.	3452 W. Boynton Beach Blvd., Suite 5	Boynton beach, Florida	A04000001473
Jeanne Go, M.D.	3452 W. Boynton Beach Blvd., Suite 5	Boynton Beach, Florida	A04000001473

REINSTATEMENT 2006-2007

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02/29/07--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 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.

SIGNATURE _____ DATE 3/06/2007

Typed or Printed Name of General Partner Signing Form: Ka Hock Dy Go, M.D. Telephone Number: 561.732.1147