

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR 12 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A05000000781

1. Name of Limited Partnership

ALEKSANDR GORBACH - FAMILY LIMITED PARTNERSHIP

2. Principal Office Address

761 SE PORTAGE Ave

Suite, Apt. #, etc.

City & State

PORT St. Lucie FL

Zip

34984

Country

PORT St Lucie

3. Mailing Office Address

761 SE PORTAGE Ave

Suite, Apt. #, etc.

City & State

PORT St. Lucie FL

Zip

34984

Country

PORT St. Lucie

CR2E039 (11/05)

4. Date Formed or Registered
To Do Business in Florida

APR. 20/2005

5. FEI Number

20-2729458

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

ALEKSANDR GORBACH

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

761 SE PORTAGE Ave

Suite, Apt. #, Etc.

N/A

City

PORT St. Lucie

State

FL

Zip Code

34984

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

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 630, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Aleksandr Gorbach

DATE

N/A

(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)

Aleksandr Gorbach

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

761 SE PORTAGE
Ave

City, State and Zip Code

PORT St. Lucie
FL. 34984

10a. Registration
Document Number

N/A.

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REINSTATEMENT 06-07

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

Aleksandr Gorbach

DATE

03/06/07

Typed or Printed Name of General Partner Signing Form

ALEKSANDR GORBACH

Telephone Number

(917) 403 0656