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Florida Department of State
Division of Corporations
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LP/LLLP REINSTATEMENT

NICO NASHVILLE, LIMITED PARTNERSHIP

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LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A05000001518

1. Name of Limited Partnership

NICO NASHVILLE, Limited Partnership

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
301 Clematis Street	301 Clematis Street
Suite, Apt. #, etc. Suite 3000	Suite, Apt. #, etc. Suite 3000
City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33401 Country USA	Zip 33401 Country USA

CR2E039 (1/07)

4. Date Formed or Registered To Do Business in Florida 08/01/2005

5. FEI Number 20-3291047 ☐ 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: Louis Nicozisis

Street Address (P.O. Box Number is Not Acceptable): 301 Clematis Street

Suite, Apt. #, Etc.: Suite 3000

City: West Palm Beach State: FL Zip Code: 33401

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☑ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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 620.1810 or 620.9930 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 08/18/2009
(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
Louis Nicozisis	301 Clematis Street Suite 3000	West Palm Beach, FL 33401	REINSTATEMENT 06/09

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 the 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 9.18.09

Typed or Printed Name of General Partner Signing Form: Louis Nicozisis Telephone Number: ~~561-835-4942~~ 610-909-9191