


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 APR 14 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED PARTNERSHIP REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # A05000001836

1. Name of Limited Partnership

15th Street West Limited Partnership

2. Principal Office Address - No P.O. Box # 4004 Jebb Island Cir W	3. Mailing Office Address 12620-3 Beach Blvd
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

#161

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip  
32224

Country  
Duval

Zip  
32246

Country  
Duval

400149163124  
04/08/09--01003--013 \*\*1000.00  
CR2E039 (1/07)

4. Date Formed or Registered  
To Do Business in Florida 9/29/05

5. FEI Number  
20-3551107

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  
Orion Legacy Group Inc.

Street Address (P.O. Box Number is Not Acceptable)  
4004 Jebb Island Cir W

Suite, Apt. #, Etc.

City  
Jacksonville

State  
FL

Zip Code  
32224

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☒ A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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 620.1909, 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)

*[Signature]* pres OLG Inc

DATE 4/6/09

(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
Orion Legacy Group Inc.	4004 Jebb Island Cir W	Jacksonville, FL 32224	P04000143489

REINSTATEMENT 08-09  
*[Signature]*

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

*[Signature]* Timothy M. Nash pres OLG Inc.

DATE

4/6/09

Typed or Printed Name of General Partner Signing Form

Telephone Number

904 472-3445