

# 2007 LIMITED PARTNERSHIP REINSTATEMENT

SECRET  
DIVISION C

07 NOV 27

DOCUMENT # A05000001952

1. Entity Name  
MIDAS, LTD.



Principal Place of Business  
3300 UNIVERSITY DRIVE, STE 311  
CORAL SPRINGS, FL 33065

Mailing Address  
3300 UNIVERSITY DRIVE, STE 311  
CORAL SPRINGS, FL 33065



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11012007 REIN-LP CR2E100 (1/07)

City & State

City & State

4. FEI Number  
APPLIED FOR

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AVIEL, ODED  
3300 UNIVERSITY DRIVE, STE 311  
CORAL SPRINGS, FL 33065

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

DATE

Nov-12-2007

**FILE NOW!!! FEE IS \$500.00**  
**After January 1, 2008, Fee will be \$1000.00**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L05000103880  
NAME MIDAS CAPITAL MANAGEMENT, LLC  
STREET ADDRESS 3300 UNIVERSITY DRIVE, STE 311  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Nov-12-2007

STAPLE CHECK HERE

*LAW OFFICES*  
**Reichstein and Lapat**  
an association of individual attorneys

3300 University Drive  
Suite 311  
Coral Springs, Florida 33065  
(954) 345-6442  
(954) 344-0288 (Fax)

221 North La Salle Street  
Suite 1137  
Chicago, Illinois 60601  
(312) 425-2900  
(312) 425-2901(Fax)

*Please Reply to Florida Office*

Michael Lapat  
admitted to Practice in:  
Florida, Illinois & New York  
[mlapat@nysbar.com](mailto:mlapat@nysbar.com)

November 1, 2007

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

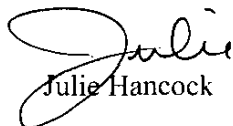
<b>RE: REINSTATEMENT</b>	
<b>MIDAS, LTD - A05000001952</b>	<b>\$500.00</b>
<b><u>CERTIFICATE OF STATUS</u></b>	<b><u>\$ 8.75</u></b>
	<b>\$508.75</b>

Dear Sir or Madam,

Please find enclosed herewith entity formation reinstatement documents for the above-referenced entity. Accompanying these submissions is a check in the sum of **\$508.75** representing the filing fees for these formations.

Please file the foregoing as appropriate and return to this office file-stamped copies of same as receipt thereof.

Regards,

  
Julie Hancock

jh  
enclosure