2009 LIMITED PARTNERSHIP REINSTATEMENT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# A06000000364

Entity Name: THE MDS FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

19111 COLLINS AVE., APT. 904
SUNNY ISLES, FL 33160

New Principal Place of Business:

Current Mailing Address:

19111 COLLINS AVE., APT. 904
SUNNY ISLES, FL 33160

New Mailing Address:

FEI Number: 30-6140795 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

SALAMA, SAMUEL
19111 COLLINS AVE., APT. 904
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION:

Document #:
Name: SALAMA, SAMUEL
Address: 19111 COLLINS AVE., APT. 904
City-St-Zip: SUNNY ISLES, FL 33160

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SAMUEL SALAMA GP 04/28/2009

Electronic Signature of Signing General Partner Date