

2008 LIMITED PARTNERSHIP REINSTATEMENT


FILED

08 NOV 26 AM 11:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A06000001101

1. Entity Name
NORMANDY ACQUISITION, L.P.



Principal Place of Business: 200 S. BISCAYNE BOULEVARD, STE 4900 MIAMI, FL 33131

Mailing Address: 200 S. BISCAYNE BOULEVARD, STE 4900 MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #
1110 N. 56th Street

3. Mailing Address
3211 Ponce De Leon Blvd.


Suite, Apt. #, etc. 202

City & State: Temple Terrace, FL

City & State: Coral Gables, FL

Zip: 33617 Country: USA

Zip: 33134 Country: USA



11192008 REIN-LP CR2E100 (1/07)

4. FEI Number: APPLIED FOR 20-5572470

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

6. Name and Address of Current Registered Agent

LEVENSON, FREDERIC
200 S. BISCAYNE BOULEVARD, STE 4900
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Martini, Gregory T.

Street Address (P.O. Box Number is Not Acceptable): 21655 LeJeune Rd., Suite 1101

City: Coral Gables FL Zip Code: 33134

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]* DATE: 11/19/2008

FILE NOW!!! FEE IS \$500.00
After January 1, 2009, 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 #	L06000091271	STREET ADDRESS	
NAME	NORMANDY, LLC	CITY-ST-ZIP	
STREET ADDRESS	3211 PONCE DE LEON BOULEVARD, STE 202		
CITY-ST-ZIP	CORAL GABLES, FL 33134		
DOCUMENT #		STREET ADDRESS	700138233267
NAME		CITY-ST-ZIP	11/24/08-01047-011 **500.00
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CITY-ST-ZIP			

REINSTATEMENT

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]* DATE: 11/21/08 DAYTIME PHONE #: (305) 446-0010

STAPLE CHECK HERE