PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT		TMENT OF STA y of State corporations	TE :			· · ·
DOCUMENT # A0700001119 1. Name of Limited Partnership HEMBPHERE PARTNERS, LLLP				TALLAHASSEE.		
2. Principal Office Address - No P.O. Box # 1650 CANCPY DAY BLVI) Sulte, Apt. #, etc.	3. Mailing Office Address Some Suite, Apt. #, etc.			CR2E039 (11/8) 7		
City & State Palm Harbor, FL Zip Country 34683 USA	City & State Some Country Some Some			4. Date Formed or Registered To Do Business in Florida 5. FEI Number 26-1130656 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED States \$5.75 Additional Peer required for the Certificate of Status		
8. Name and Address of Current Registered Agent Name PICHARD A. 315HoP Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City D				7. FEES: Filling 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.		
9. Pursuant to the provisions of section 620,1810 or 620,1909, Florida Spanies. Uniquely accept the aggiointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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 G (Do NOT Use Post Offi	eneral Partner		City, State and Zip Code	10a.	Registration Document Number
REINSTATE	MENT 20	10-20) (400212 09/23/11010	45:	9 784 3 **2000.0
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.						
11. I certify that the information indicated on this application is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner, receiver or trustee empowered to execute his application as required by Chapter 620, Florida Statutes. I am aware that any false information summitted in a document to the Department of State constitutes a finited deglee follows as provided for in s.817.155, F.S. SIGNATURE Tolephone Number Tolephone Number						