

# 2007 LIMITED PARTNERSHIP REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 DEC 11 PM 12:55

DOCUMENT # A07090

1. Entity Name  
INDUSTRIAL AFFILIATES, LTD.



Principal Place of Business Mailing Address  
C/o Bruce Fish C/o Bruce Fish  
6640 Allison Rd. 6640 Allison Rd.  
Miami Beach, FL 33141 Miami Beach, FL 33141

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country



11302007 REIN-LP CR2E100 (1/07)

4. FEI Number 59-1945890 Applied For Not Applicable

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  
Bruce Fish Name  
6640 Allison Rd. Street Address (P.O. Box Number is Not Acceptable)  
Miami Beach, FL 33141 City  
FL Zip Code

8. Pursuant to the provisions of section 620.13(10) 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 *Bruce Fish* DATE 12/3/07  
Signature (Typed or printed name of registered agent and title, if applicable. (REGISTERED AGENT MUST SIGN))

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 #	G95143900027	STREET ADDRESS	
NAME	INDUSTRIAL INVESTORS, A FLA. GEN. PTSHP.	CITY-ST-ZIP	
STREET ADDRESS	2850 N.W. 72ND AVENUE		
CITY-ST-ZIP	MIAMI, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: *Bruce Fish* 12/3/07 (305) 205-9999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day/Mo/Yr

STAPLE CHECK HERE

**Kurcias, Jaffe & Company LLP**  
**Certified Public Accountants**  
**111 Great Neck Road**  
**Great Neck, NY 11021**  
**Tel (516) 482-7777**  
**Fax (516) 466-5836**

**Client:** INDUSTRIAL AFFILIATES, LTD.

**Type of Return:** Florida 2007 Limited Partnership Reinstatement

**Form No:** CR2E0100

**Total Fee Due:** \$ 500.00

**Make Check Payable To:** Florida Department of State  
(Please write your "ID# 59-1945890" and "200 Florida  
Limited Partnership Reinstatement" on your check.

**Sign Page:** Page 1 – Bruce Fish – Block 8  
Page 2 – Bruce Fish – Block 14

**Mail To:** **Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**

**Due Date:** Immediately