

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A08000000048			
1. Name of Limited Partnership Kentco Limited Partnership			
2. Principal Office Address - No P.O. Box # 515 East Park Avenue Suite, Apt. #, etc.		3. Mailing Office Address 515 East Park Avenue Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32301	Country USA	Zip 32301	Country USA
8. Name and Address of Current Registered Agent Name National Corporate Research, Ltd., Inc. Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue Suite, Apt. #, Etc.		4. Date Formed or Registered To Do Business in Florida 01/14/2008 5. FEI Number 36-3080332 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City Tallahassee		State FL	Zip Code 32301
9. 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 (Registered Agent Accepting Appointment) _____ DATE _____ (REGISTERED AGENT MUST SIGN)			
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 General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Kentco Capital Corporation	515 East Park Avenue	Tallahassee, FL 32301	F08000000181
REINSTATEMENT		09-10 AL-23-10	300167559333 01/29/10-01/03/10 **1000.00
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE _____ Typed or Printed Name of General Partner Signing Form Richard A. Kent, President of the general partner		DATE 1.26.10 Telephone Number 312-258-5756	