

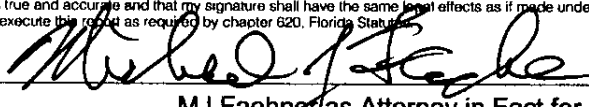


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> A08000000887			
<b>1. Name of Limited Partnership</b> THE RENZ NICHOLS FAMILY LIMITED PARTNERSHIP			
<b>2. Principal Office Address - No P.O. Box #</b> 18814 ROXANNA WOODS DR.		<b>3. Mailing Office Address</b> 18814 ROXANNA WOODS DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> LUTZ, FL		<b>City &amp; State</b> LUTZ, FL	
<b>Zip</b> 33548	<b>Country</b> USA	<b>Zip</b> 33548	<b>Country</b> USA
<b>8. Name and Address of Current Registered Agent</b>		<b>4. Date Formed or Registered To Do Business in Florida</b> 10/14/2008	
Name MICHAEL J. FAEHNER		<b>5. FEI Number</b> 27-15559822	
Street Address (P.O. Box Number is Not Acceptable) 2380 DREW STREET		<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, Etc. SUITE 4		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City CLEARWATER		<b>7. FEES:</b> Filing 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. <input checked="" type="checkbox"/> A \$500 penalty is due for each year or part thereof of the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.	
State FL		Zip Code 33756	
<b>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.</b>			
SIGNATURE (Registered Agent Accepting Appointment) 		DATE 12/29/09	
(REGISTERED AGENT MUST SIGN)			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
<b>10. Name(s) of General Partner(s)</b>	<b>Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>City, State and Zip Code</b>	<b>10a. Registration Document Number</b>
ROBERT RENZ NICHOLS	18814 ROXANNA WOODS DR.	LUTZ FL 33548	n/a
<b>REINSTATEMENT 09</b>			
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>			
<b>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.</b>			
SIGNATURE 		DATE 12/29/09	
Typed or Printed Name of General Partner Signing Form MJ Faehner/as Attorney in Fact for R. Nichols		Telephone Number 727-443-5190	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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N. Collins JAN - 4 2010