

<div style="font-size: 2em; font-weight: bold; position: absolute; top: -50px; left: 50px;">A11910</div> <div style="position: relative;"> <div style="position: absolute; top: 0; left: 0;"> APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP </div> <div style="position: absolute; top: 0; left: 150px;"> </div> <div style="position: absolute; top: 0; left: 250px;"> FLORIDA DEPARTMENT OF STATE Catherine Harris Secretary of State DIVISION OF CORPORATIONS </div> </div>		FILED SECRETARY OF STATE 09 MAY 12 PM 2:58
DOCUMENT # A11910 1. Name of Limited Partnership <div style="text-align: center; padding: 10px;">Black Community Investors Ltd.</div>		DO NOT WRITE IN THIS SPACE
2. Mailing Address 9390 NW 27Th Ave. Suite, Apt #, etc. City & State Miami, Fl. Zip 33147	3. Principal Office Address Same Suite, Apt #, etc. City & State Same Zip Same	4. Date Formed or Registered To Do Business in Florida 12-28-81 5. FEI Number NOT APPLICABLE 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status 7. State or Country of Formation
8a. Capital Contributions as Shown on Record \$65,000.00 8b. Amount of Capital Contributions in FLORIDA to date		FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
9. Name and Address of Current Registered Agent <div style="padding: 10px;"> Tommy Bruton 11298 NW 21 Court Miami, Fl. 33167 </div>		10. If changed, new registered agent office: Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. City <div style="text-align: right;">FL Zip Code</div>
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.		
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____		
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.		
11. Names of General Partner(s) <div style="text-align: center; padding: 10px;">Seven Steps Inc.</div>	Address of Each General Partner (Do NOT Use Post Office Box Numbers) <div style="text-align: center; padding: 10px;">9390 N.W. 27 Ave.</div>	City, State and Zip Code <div style="text-align: center; padding: 10px;">Miami, Fl.</div>
		11a. Registration Document Number <div style="text-align: center; padding: 10px;"> 700002883437--5 -05/24/99--01009--020 ***1026.25 ***1026.25 </div>
		<div style="font-size: 1.5em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 2em; font-weight: bold; position: absolute; top: -20px; left: 50px;">99</div>
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.		
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 _____		DATE April 24, 1999 Telephone Number (305) 638-4255

CR2E039 (12/98)