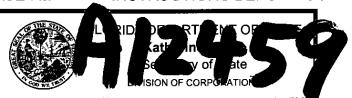


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

00 AUG 10 PM 1: 28

DOCUMENT 1. Name of Limited Par		A124	159				
917-945	, LTD.		4/2/92				
2. Principal Office Address 1065 NE 125th Street		3. Mailing Office Address Same		4. Date Formed or Registered To Do Business in Florida Mag	4. Date Formed or Registered To Do Business in Florida May 4, 1982		
Suite; Apt. #, etc. Suite 405		Suite, Apt. #, etc.		5. FEI Number 59 - 2187255	Applied For Not Applicable		
City & State Miami, FL		City & State N. Miami, FL COTT		CERTIFICATE OF STATUS DESIRED	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
_{Zip} 33161	Country U.S.A.	Zip	Country	\$6,000.00			
	8. Name and Address of	f Current Registered Age	nt	\$6,000.00	7b. Amount of Capital Contributions in FLORIDA to date: \$6,000.00		
Street Address (P.O. Bo	erta Segal ox Number is Not Acceptable)		1.) Filing Fee(s): Computed at a rate of	FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.			
Suite, Apt. #, Etc. Suit	NE 125th Streete 405			with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for	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 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.		
City Miam	ů,	State FL	Zip Code 33161	7a, a supplemental affidavit must be			
for the purpose of char agent. I am familiar with		stered agent, or both, in the State	te of Florida. Such change was a	rganized or registered under the laws of the State authorized by its general partner(s). I hereby acc			
	PARTNER THAT I			ARTNERSHIP OR OTHER WITH THIS OFFICE.	BUSINESS ENTITY		
10. Name(s) of G	General Partner(s)		ch General Partner Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number		
Robe.	erta Segal	1065 N.E. Suite 405	125th St.	Miami, FL 33161			
PEWALTY -	4,000,00			<u>****</u> 5120	598820 001001017 100 ***5130.00		

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 the	hat the information supplied with	this filing is voluntarily furnishe	d and does not qualify for	the exemption stated in S	Section 119.07(3)(i), Florida Sta	atutes. I release the Division of
	Corporations from an	ny liability of non-compliance 📈	h Section 119.07(3)(i) in the ev	ent that the information sup	pplied is deemed exempt	from public access. I further	certify that the information indicated
					under oath. I further certif	y that I am a General Partner o	of the limited partnership, receiver
	trustee empowered t	to execute this report as require	d by chapter 620, Florida Statu	ites.			1
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~.~	A . A T	- 11 A)	1111/1/	A Maril	<i>'</i>	ď	(X/A)
SIG	NATURE	الماسل ا		x - 4 04		DATE	1010

Typed or Printed Name of General Partner Signing Form

Roberta Segal

Telephone Number _305-899-1065