

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 10 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W 03/10/06

DOCUMENT # A16431

1. Name of Limited Partnership

CAROLSHOP, LTD.

REINSTATEMENT 2001-2006

2. Principal Office Address

2734 N.W. 183rd St. #1A

Suite, Apt. #, etc.

#1A

City & State

Opa Locka, Fl

Zip

33056

Country

U.S.A.

3. Mailing Office Address

2734 N.W. 183rd St. #1A

Suite, Apt. #, etc.

#1A

City & State

Opa Locka, Fl.

Zip

33056

Country

U.S.A.

CR2E039 (11/05)

**4. Date Formed or Registered
To Do Business in Florida**

2-13-84

5. FEI Number

592428938

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Stephen J. Avrach

Street Address (P.O. Box Number is Not Acceptable)

2734 N. W. 183rd St.

Suite, Apt. #, Etc.

#1A

City

Opa Locka, Fl.

State

FL

Zip Code

33056

7. FEES:

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

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)

(REGISTERED AGENT MUST SIGN)

DATE March 9, 2006

**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
Gang of Six, Inc.	2734 W. Miami Gardens Drive	Opa Locka, Fl. 33056	G08689

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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

DATE March 9, 2006

Typed or Printed Name of General Partner Signing Form Stephen J. Avrach

Telephone Number 305-785-8884