APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP



FILED 97 JUN 30 AM II: 16

SECRETARY OF STATE.
TALLAHASSEE, FLORIDA

DOCUMENT # A

1. Name of Limited Partnership

M & N LIMITED

					DO NOT WHITE IN THIS SPACE.						
2. Mailing Address 7	th St.	3. Principal Office Address			4. Date Formed or Registered To Do Business in Fforida						
Suite, Apt #, etc.		Suite, Apt. #, etc			5. FEI Number				Applied For		
City & State Miami, FL		City & State			. 54.	<u>-2505</u>	<u> 70중</u>	,	Not Applicable		
33130 Country US		Zip	Country		6. CERTIFICATE OF STATUS DESIRED S8 75 Additional Fee required for a Certificate of Status. 7. State or Country of Formation						
8a. Capital Contributions as Shown 95,000 8b. Amount of Capital Contributions in FLORIDA to date 95,000		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 \$437.50, for <u>each year give</u> this office. 2.) Supplemental Fee(s): \$103.75 for <u>each year give</u> this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent.</u> 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. 1	isme and Address of Current	ngistered Agent			10. If changed, new registered agent/office						
			Name			е					
13 S.W. 7		•		Street Address (P.O. Box Number Is Not Acceptable)							
Miami, FL 33130			Suite, A	Suite, Apt. #, etc.							
			Cily			FL Zip Code					
for the purpose of changent. I am familiar v	nanging its registered office or rewith, and accept the obligations on the Accepting Appointment)	620 192. Florida Statutes, the ab agistered agent, or both, in the Si of section 620.192, Florida Statu S A CORPORATI BE REGISTERE	late of Florida. Such cites ON, LIMITE	hange was auth	orized by its general I [] []	OR OTHER	y accept the	appointmo	ithis statement of registered		
11. Names of Genera	Partner(s)	Address of Each ((Do NOT Use Post Of			City, State and Z	ip Code	11a.		stration int Number		
,		13 S.W. 7th	7th St Mian		i, FL 33						
		1629 N.E. 3r	d Ct	Ft. I	Lauderdal	-D7/07/2 -D7/07/2 ****541 e, FL	7-01 1.25	113- 113- ****	-006 41.25		
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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), Fiorida 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 approach and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this reports as required by chapter 520. Floatia Statutes.

305-372-1266