PI	LEASE READ A	ALL INSTRUCT	IONS BEFOR	(E C	OMPLETING THIS FO	RM.			
LIMITED PARTNERSHI REINSTATEME	P	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			08   1900   180	ECRETAR SION OF C	Y OF STATE CORPORATIONS PM 4:07		
DOCUMENT 1. Name of Limited Partner Grace Propert:	rship J V 7	, td.							
2. Principal Office Address	; - No P.O. Box #	3. Mailing Office Addre	285		1				
1063 Maitland	Ctr. Commons			!	CR2E039	€ (1/07)			
Suite, Apt. #, etc. Ste 100		Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida	11/15/1	984		
City & State Maitland FL		City & State		ļ	5. FEI Number		Applied For		
	Country	Zip	Country	!	59-2464029		Not Applicable		
32751	USA	Ζψ	County		6. CERTIFICATE OF STATUS DESIRED	\$8.75 Ad for a C	dditional Fee required Certificate of Status		
8. Name and Address of Current Registered Agent Name Steven A. Rajtar Street Address (P.O. Box Number is Not Acceptable) 1063 Maitland Center Commons Suite, Apt. #, Etc. Ste 100					<ul> <li>7. FEES:</li> <li>Filing Fee(s): \$411.25 for each year due this office.</li> <li>Supplemental Fee(s): \$88.75 for each year due this office.</li> <li>Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.</li> <li>X A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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</li> </ul>				
City Maitland		State FL	Zip Code 32751		received and requesting the \$500 penalty fee(s) be waived.				
Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, Thereby accept the appointment of registered agent. Lam familiar with, and accept the obligations of Chapter 620, Rorida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  (REGISTERED AGENT MUST SIGN)  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 Gene		Address of Each	Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	10a. [	Registration Document Number		
Grace Properties, Inc.		1063 Maitla	1063 Maitland Center Commons, Ste 100		Maitland, FL 32751	69783			
Grace, Philip C		1063 Maitland Center Commons Ste 100		m	art land <u>1</u> 807320 11/17/0801050-		21 **9000.00		
	F \$9,000			EINSTATEMENT OF					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.									
Corporations from any li on this annual report is t	liability of non-compliance with frue and accurate and that my s execute this report as required b	Chapter 119, F.S. in the even signature shall have the same	nt that the information suppli e legal effects as if made und	plied is de	xemptions contained in Chapter 119, Florida deemed exempt from public access. I further th. I further certify that I am a General Partner of the second s	certily that the	information indicated		
SIGNATURE	Indies	- 4+ Fron	Les	<u> </u>	DATE	1151	108		
Typed or Printed Name of Gener	val Partner Signing Form H	NOTEA HO	ICOMD ,	トタピ	25 Telephone Number 40	7786	> <i>•0010</i>		

	PLEASE READ /	COMPLETING THIS FO	RM.				
		FLORIDA DEPARTMENT OF STAT Secretary of State DIVISION OF CORPORATIONS			COMPLETING THIS FORM. SECRETARY OF STATE DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS 08 NOV 20 PM 3: 48		
DOCUMENT 1. Name of Limited Part	nership						
Grace Proper	ties No <sub>0</sub> 25, L	td.					
2. Principal Office Addre	ess - No P.O. Box #	3. Mailing Office Addr	'ess				
1063 Maitlan	d Ctr. Commons	-			CR2E039 (1/07)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			A Data Samad as Daristered		
Ste 100					4. Date Formed or Registered To Do Business in Florida 11/15/1984		
City & State Maitland FL		City & State		-	5. FEI Number	Applied F	For
	Country	Zip	Country		59-2464010	Not Appli	
<sup>20</sup> 32751	USA	Σiμ	Country		6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee re for a Certificate of Si	equired tatus
	8. Name and Address of (	Current Registered Age	ent		7. FEES:		
Name					Filing Fee(s): \$411.25 for each year due this office.		
Steven A. Ra					Supplemental Fee(s): \$88.75 for each year due this office.		
	Number is Not Acceptable) Id Center Common	16			Penalty Fee(s): \$500 for each yea partnership revoke		1
Suite, Apt. #, Etc.	U VEHECL VVIII	13			A \$500 penalty is due for each certificate of authority was revoked	year or part thereof the en	ntity's
Ste 100 City		State			circumstances which the entity did	not receive the prior notic	ces.
Maitland		State         Zip Code           FL         32751			By checking this box, you are certify received and requesting the \$500 p		) not
<ol> <li>Pursuant to the provisio Florida Statutes.</li> </ol>	ns of section 620.1810 or 620.19	09, Florida Statutes, 1 herel	by accept the appointmen	nt of regis	tered agent. I am familiar with, and accept	the obligations of Chapter 620	0,
SIGNATURE (Registered Age	nt Accepting Appointment)				DATE		
-					TNERSHIP OR OTHER		ITY
	MUST	BE REGISTER	ED AND ACTI	VEW	ITH THIS OFFICE.		
10. Name(s) of Ger	neral Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)			City, State and Zip Code	<b>10a.</b> Registration Document Number	xer
Grace Properties, Inc.		1063 Maitland Center		M	aitland, FL 32751	697830	
		Commons, St	e 100				
					60013800 11/17/08010501		
Grace, Philip C.		1063 Martland Center Commons, Ste 100		0	aitland, FL 3275/	119 **9000.00	
					artund, FC Jaion		
- 1	0				REINSTATE	RAENT	
FF \$	9,000						
					Ut 9	11-08	
Note: General pa	artners MAY NOT be	e changed on th	is form; an ame	endm	ent must be filed to chang	ge a general partn	ier.
Corporations from any on this annual report is	liability of non-compliance with C	hapter 119, F.S. in the even gnature shall have the same	t that the information supp legal effects as if made un	olied is de	emptions contained in Chapter 119, Florida emed exempt from public access. I further of I further certify that I am a General Partner of	certily that the information indica	ated
SIGNATURE							
Typed or Printed Name of Gen-	eral Partner Signing Form _	INDred Ho	Icomb, Pi	nes	Telephone Number 40	1-786-0010	5