


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008 SEP 24 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # A21744

1. Name of Limited Partnership

Solotkin Properties, Ltd.

600136263326
09/23/08--01045--006 **4000.00

CR2E039 (1/07)

2. Principal Office Address - No P.O. Box # 21 Beachway Drive		3. Mailing Office Address 21 Beachway Drive	
Suite, Apt. #, etc. Suite G		Suite, Apt. #, etc. Suite G	
City & State Indianapolis, IN		City & State Indianapolis, IN	
Zip 46224	Country USA	Zip 46224	Country USA

4. Date Formed or Registered To Do Business in Florida 12/31/1985

5. FEI Number
59-2625643

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
Robert Levit

Street Address (P.O. Box Number is Not Acceptable)
5526 Bay Lagoon Circle

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32819

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.

☒ A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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 received and requesting the \$500 penalty fee(s) be waived.

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)

Robert Levit

(REGISTERED AGENT MUST SIGN)

DATE

9-18-08

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
REINSTATEMENT 01-08			
Marcia Dayan	9344 Golden Leaf Way	Indianapolis, Indiana 46260	
Howard Hammer	300 South Pine Island Rd Suite 300	Plantation, Florida 33324	

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

Robert Levit

DATE

9-18-08

Typed or Printed Name of General Partner Signing Form

Robert Levit

Telephone Number

407-694-2424