

A23992

Florida Department of State
 Division of Corporations
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 Katherine Harris, Secretary of State

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To:

Division of Corporations
 Fax Number : (850) 922-4003

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
 Account Number : 072450003255
 Phone : (305) 541-3694
 Fax Number : (305) 541-3770

LIMITED PARTNERSHIP REINSTATEMENT**ZIPERSON COMPANY, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$2,052.50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

00 MAY 19 AM 11:26

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 18, 2000

EMPIRE CORPORATE KIT COMPANY

SUBJECT: ZIPERSON COMPANY, LTD.
REF:

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Chapter 620 Florida Statutes, requires a supplemental affidavit to be filed pursuant to section 620.112 or 620.176, Florida Statutes, any time the actual contributions of the limited partners exceed the anticipated amount of capital contributions on file with this office.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan
Document Specialist

FAX Aud. #: H00000027185
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TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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00 MAY 19 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A23992

1. Name of Limited Partnership

ZIPERSON COMPANY, LTD.

2. Principal Office Address

12340 N.E. 6 Ct.

3. Mailing Office Address

12340 N.E. 6 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami, FL

City & State

North Miami, FL

Zip

33161

Country

USA

Zip

33161

Country

USA

8. Name and Address of Current Registered Agent

Name

M & W Agents, Inc.

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

2101 Corporate Blvd.

Suite, Apt. #, Etc.

107

City

Boca Raton

State

FL

Zip Code

33431

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

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
RPZ, Inc.	12340 N.E. 6 Ct.	North Miami, FL 33161	P97000018364

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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

Paul Ralston

H00000027185 May 18, 2000

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EMPIRE CORPORATE KIT

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