


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

2010 JUN -2 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A 31379

1. Name of Limited Partnership

MARDIA ENTERPRISES, LTD

400181680434
06/04/10--01001--009 **6508.75

CR2E039 (1/07)

2. Principal Office Address - No P.O. Box # 1850 CUTLASS COVE		3. Mailing Office Address 1850 CUTLASS COVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State VERO BEACH, FL		City & State VERO BEACH, FL	
Zip 32963	Country INDIAN RIVER	Zip 32963	Country INDIAN RIVER

4. Date Formed or Registered To Do Business in Florida	4/3/1991
5. FEI Number 650251067	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name JAMES R ADAMS			
Street Address (P.O. Box Number is Not Acceptable) 1850 CUTLASS COVE			
Suite, Apt. #, Etc.			
City VERO BEACH	State FL	Zip Code 32963	

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.	
<input checked="" type="checkbox"/> A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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)

(REGISTERED AGENT MUST SIGN)

DATE

5/13/10

**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
JAMES R. ADAMS	1850 CUTLASS COVE	VERO BEACH, FL 32963	A 31379
JEAN E ADAMS	87 20 130 th AVE	FELLSMERE, FL 32948	
REINSTATEMENT - 99-2010			

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

5/13/10

Typed or Printed Name of General Partner Signing Form

JAMES R. ADAMS

Telephone Number

772-473-7885