


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED PARTNERSHIP REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  01 SEP 25 PM 2:22  SECRETARY OF STATE TALLAHASSEE, FLORIDA  100004616971--9 -10/01/01--01013--003 *****8.75 *****8.75 100004616971--9 -10/01/01--01013--002 ***1282.50 ***1282.50	
<b>DOCUMENT #</b> <span style="font-size: 1.5em;">A31988</span>					
<b>1. Name of Limited Partnership</b> <div style="font-size: 1.2em; font-family: cursive;">KANCOR INVESTMENT LIMITED PARTNERSHIP</div>					
<b>2. Principal Office Address</b> <div style="font-size: 1.2em; font-family: cursive;">27750 STANSBURY</div> Suite, Apt. #, etc. <div style="font-size: 1.2em; font-family: cursive;">SUITE 200</div> City & State <div style="font-size: 1.2em; font-family: cursive;">FARMINGTON HILLS, MI</div> Zip      Country <div style="font-size: 1.2em; font-family: cursive;">48334      USA</div>		<b>3. Mailing Office Address</b> <div style="font-size: 1.2em; font-family: cursive;">27750 STANSBURY</div> Suite, Apt. #, etc. <div style="font-size: 1.2em; font-family: cursive;">SUITE 200</div> City & State <div style="font-size: 1.2em; font-family: cursive;">FARMINGTON HILLS, MI</div> Zip      Country <div style="font-size: 1.2em; font-family: cursive;">48334      USA</div>		<b>4. Date Formed or Registered To Do Business in Florida</b>  <b>5. FEI Number</b> <div style="font-size: 1.2em; font-family: cursive;">38-2914818</div> Applied For Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <span style="font-size: 0.8em;">\$8.75 Additional Fee required for a Certificate of Status</span>					
<b>7a. Capital Contributions as shown on Record:</b> <div style="font-size: 1.2em; font-family: cursive;">1,000.00</div>					
<b>7b. Amount of Capital Contributions in FLORIDA to date:</b> <div style="font-size: 1.2em; font-family: cursive;">0</div>					
<b>8. Name and Address of Current Registered Agent</b> Name <div style="font-size: 1.2em; font-family: cursive;">STUART COHEN</div> Street Address (P.O. Box Number is Not Acceptable) <div style="font-size: 1.2em; font-family: cursive;">CENTRAL REALTY</div> Suite, Apt. #, Etc. <div style="font-size: 1.2em; font-family: cursive;">4648 PARK BLVD</div> City      State      Zip Code <div style="font-size: 1.2em; font-family: cursive;">PINELLAS PARK      FL      33781</div>					
<b>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.</b>					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
<b>10. Name(s) of General Partner(s)</b>		<b>Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>		<b>10a. Registration Document Number</b>	
IRVING NUSBAUM REVCBL TR BENJAMIN, MARVIN ROTH, MICHAEL DENNIS, DENNIS GYSE, LUCK, LEONARD G., TR.		26575 WILLOWGREEN 18251 ONYX 27750 STANSBURY 27750 STANSBURY 27750 STANSBURY		FRANKLIN, MI 48025 SOUTHFIELD, MI 48076 FARMINGTON HILLS, MI 48334 FARMINGTON HILLS, MI 48334 FARMINGTON HILLS, MI 48334	
				696009900011     696009900012	
				<div style="font-size: 1.5em; font-weight: bold;">REINSTATEMENT</div>	

**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

*Michael Roth*  
 MICHAEL ROTH

DATE

9/13/01  
 248 435511

CRZED09 (11/99)