APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

A33309

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 APR 29 PM 4:02

DO NOT WRITE IN THIS SPACE

DOCUMENT # A33309

1. Name of Limited Partnership

PENCIL PINES, LTD.

4/18/97

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
4420 University Drive	4420 University Drive	8/12/92
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number: 65-0382533 (Applied For / Not Applicable)
City & State: Coral Gables, Florida	City & State: Coral Gables, Florida	6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status
Zip: 33146 Country: USA	Zip: 33146 Country: USA	7. State or Country of Formation: Florida

8a. Capital Contributions as Shown on Record
$200.00

8b. Amount of Capital Contributions in FLORIDA to date
$200.00

FEES:
1) Filing Fee(s) Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50 for each year due this office
2) Supplemental Fee(s) $138.75 for each year due this office beginning with 1992 calendar year
3) Penalty Fee(s) $500 penalty fee for each year report form is delinquent

Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee

9. Name and Address of Current Registered Agent

PINO, GUILLERMO
4420 Univeristy Drive
Coral Gables, Florida 33146

10. If changed, new registered agent/office

Name: PINO, GUILLERMO
Street Address (P.O. Box Number Is Not Acceptable): 4420 University Drive
Suite, Apt. #, etc.
City: Coral Gables, Florida FL Zip Code: 33146

10a. 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.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
FAIRCHILD OAKS, INC.	4420 University Drive	Coral Gables, Florida 33134	K58221

~~[illegible]~~

Penalty - 500.00
1992 - 52.50
- 103.75
5 [illegible] - 8.75
COS -
$665.00

REINSTATEMENT 1997

BK COS

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner

12. I hereby certify that the information supplied with this filing ... [illegible fine print] ... empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE X [signature]
GUILLERMO PINO

DATE 4/18/97

305-284-8158
Telephone Number

CSC THE UNITED STATES CORPORATION COMPANY

A33309

ACCOUNT NO. : 072100000032

REFERENCE : 347249 82293A

AUTHORIZATION Patricia Pyzuta

COST LIMIT : $ 700.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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665.00

ORDER DATE : April 29, 1997

ORDER TIME : 10:21 AM

ORDER NO. : 347249-005

CUSTOMER NO: 82293A 600002158746--8

CUSTOMER: Almadeo Lopez-castro, Iii, Esq
Martinez-esteve & Lopez-castro
Suite 304
901 Ponce De Leon Boulevard
Coral Gables, FL 33134

DOMESTIC FILINGS

NAME: PENCIL PINES, LTD.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett

EXAMINER'S INITIALS MC