


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2000 LIMITED PARTNERSHIP REINSTATEMENT <i>UBR</i>		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 00 NOV 27 AM 9:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA <i>rf</i>	
DOCUMENT # <i>A93000000352</i>					
1. Name of Limited Partnership <i>MING ASSOCIATES, LTD</i>					
2. Principal Office Address <i>4925 Collins Ave</i> Suite, Apt. #, etc. <i>7E</i> City & State <i>MIAMI BEACH, FL</i> Zip <i>33140</i> Country <i>U.S.A.</i>		3. Mailing Office Address <i>4925 Collins Ave</i> Suite, Apt. #, etc. <i>7E</i> City & State <i>MIAMI BEACH, FL</i> Zip <i>33140</i> Country <i>U.S.A.</i>		4. Date Formed or Registered To Do Business in Florida <i>4/8/93</i>	
				5. FEI Number <i>65-0417885</i> Applied For <input type="checkbox"/> Not Applicable <input checked="" 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 <i>GLUECKMANN, F</i> Street Address (P.O. Box Number is Not Acceptable) <i>4925 Collins Ave</i> Suite, Apt. #, Etc. <i>7E</i> City <i>Miami Beach</i> State <i>FL</i> Zip Code <i>33140</i>				7a. Capital Contributions as shown on Record: <i>147,015.00</i> 7b. Amount of Capital Contributions in FLORIDA to date:	
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) <i>[Signature]</i> DATE <i>11/24/00</i>					
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) <i>MING, INC.</i> <i>% F. GLUECKMANN</i>		Address of Each General Partner (Do NOT Use Post Office Box Numbers) <i>4925 Collins Ave</i> <i># 7E</i>		City, State and Zip Code <i>MIAMI BEACH, FL 33140</i>	
				10a. Registration Document Number <i>K98202</i>	
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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 <i>[Signature]</i> DATE <i>11/24/00</i> Typed or Printed Name of General Partner Signing Form <i>FERDINAND GLUECKMANN</i> Telephone Number <i>305.532.9551</i>					

CRZE039 (11/99)