


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 DEC 12 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>LIMITED PARTNERSHIP REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # A93000000775

1. Name of Limited Partnership

TULCO RESOURCES, LTD.

2. Principal Office Address - No P.O. Box # 603 E. COMMERCE WAY		3. Mailing Office Address BOX 3045	
Suite, Apt. #, etc. #11		Suite, Apt. #, etc.	
City & State JUPITER, FL		City & State TEQUESTA, FL	
Zip 33458	Country USA	Zip 33469	Country USA

CR2E039 (1/07)

4. Date Formed or Registered  
To Do Business in Florida 07/26/19935. FEI Number  
650530539Applied For  
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent			
Name JUD LAIRD			
Street Address (P.O. Box Number Not Acceptable) 603 E. COMMERCE WAY			
Suite, Apt. #, Etc. #11			
City JUPITER	State FL	Zip Code 33458	

**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.  
☒ A \$500 penalty is due for each year or part thereof of the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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 620.1809, 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)

DATE 6 Dec '07

(REGISTERED AGENT MUST SIGN)

**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
JUD LAIRD	603 E. COMMERCE WAY, #11	JUPITER, FL 33458	
REINSTATEMENT 05-07		12/12/07 01044-006	\$1,500.00

**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 6 Dec '07

Typed or Printed Name of General Partner Signing Form JUD LAIRD

Telephone Number 561-346-3467