PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 13 PM 12:34

**LIMITED PARTNERSHIP REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A9400001550

**1.** Name of Limited Partnership

Seven Stores LTD.

**REINSTATEMENT** 2008-10 Jsm

CR2E039 (1/07)

| **2.** Principal Office Address - No P.O. Box # | | **3.** Mailing Office Address | |
|---|---|---|---|
| 420 Columbia Dr | | Same | |
| Suite, Apt. #, etc. Suite 110 | | Suite, Apt. #, etc. | |
| City & State West Palm Beach | | City & State | |
| Zip 33409 | Country US | Zip | Country |

**4.** Date Formed or Registered To Do Business in Florida 11/15/1994

**5.** FEI Number 650536614 ☐ Applied For ☐ Not Applicable

**6.** CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name: Michael Martin

Street Address (P.O. Box Number is Not Acceptable): 420 Columbia Dr

Suite, Apt. #, Etc: Suite 110

City: West Palm Beach | State: FL | Zip Code: 33409

**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☑ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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 5/10/10

**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 |
|---|---|---|---|
| M.S. H. Management | 420 Columbia Dr. Suite 110 | West Palm Beach, FL 33409 | P94000008387 |

000180851670
05/13/10--01036--011 **1500.00

**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 for MSH Management Inc DATE 5/10/10

Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____