

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 APR 19 PM 4:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

900054215179
05/10/05--01063--006 **8.75

DOCUMENT # A95000000256

1. Name of Limited Partnership

MELSU PROPERTIES LIMITED

2. Principal Office Address
15790 SW 252 STREET

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

Zip
33031

Country
USA

3. Mailing Office Address
15790 SW 252 STREET

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

Zip
33031

Country
USA

4. Date Formed or Registered
To Do Business in Florida 1995

5. FEI Number
65-0566052

Applied For
Not Applicable

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

7a. Capital Contributions as shown on Record:
3,184,002.00

7b. Amount of Capital Contributions in FLORIDA to date:

8. Name and Address of Current Registered Agent

Name

MICHAEL J. MARCUS, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

317 NORTH KROME AVENUE

Suite, Apt. #, Etc.

City
HOMESTEAD

State
FL

Zip Code
33030

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)

DATE

4/14/05

**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

MELVYN D. RIFF

15790 SW 252 STREET

HOMESTEAD, FL 33031

SUE D. RIFF

15790 SW 252 STREET

HOMESTEAD, FL 33031

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05/10/05--01063--005 **3078.75

REINSTATEMENT 2003-05

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

DATE

4/14/05

Typed or Printed Name of General Partner Signing Form

SUE D. RIFF

Telephone Number (305) 247-4400

CR2E039 (1/02)