

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 14 AM 9:31

DOCUMENT # A95000000637

1. Name of Limited Partnership

CHARTER COMMERCE PARTNERS, LTD.

2. Principal Office Address

1674 MERIDIAN AVENUE

Suite, Apt. #, etc.

STE. 201

City & State

MIAMI BEACH, FL

ZIP

33139

Country

U.S.A.

3. Mailing Office Address

1674 MERIDIAN AVENUE

Suite, Apt. #, etc.

STE. 201

City & State

MIAMI BEACH, FL

ZIP

33139

Country

U.S.A.

CR2E039 (11/05)

4. Date Formed or Registered
To Do Business in Florida

04/20/1995

5. FEI Number

33-0585399

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

IRVING MOSKOWITZ

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

1674 MERIDIAN AVENUE

Suite, Apt. #, Etc.

STE. 201

City

MIAMI BEACH

State

FL

ZIP Code

33139

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

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)

Irving Moskowitz, M.D.
(REGISTERED AGENT MUST SIGN)

DATE

11/1/2006

**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

ALTER, INC.

1674 MERIDIAN AVE., STE.201

MIAMI BEACH, FL 33139

F95000001924

80008186628
11/16/06--01063--012 **4000.00

REINSTATEMENT 02-06

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

Irving Moskowitz, M.D.

DATE

11/1/2006

Typed or Printed Name of General Partner Signing Form

Telephone Number