


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUL 16 AM 7:39

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A9500000784
1. Name of Limited Partnership
41 INDUSTRIAL CENTER LIMITED PARTNERSHIP

2. Principal Office Address - No P.O. Box # 2120 L St NW		3. Mailing Office Address 2120 L St NW	
Suite, Apt. #, etc. 800		Suite, Apt. #, etc. 800	
City & State Washington, D.C. 20037		City & State Washington, D.C. 20037	
Zip 20037	Country USA	Zip 20037	Country USA

900158207169
07/07/09--01019--017 **2500.00

REINSTATEMENT 2005-09 *SEM*
CR2E038 (1/07)

B. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2731 Executive Park Drive

Suite, Apt. #, Etc.
4

City
Weston

State
FL

Zip Code
33331

4. Date Formed or Registered To Do Business in Florida 05-18-1995

5. FEI Number 52-1930025 Applied For Not Applicable

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

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A \$500 penalty is due for each year or part thereof the entity's Certificate of Authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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) *Bill Johnson, Sue Johnson USA* DATE **7-1-09**
(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
Industrial Center, Inc.	2120 L St NW	Washington, D.C. 20037	P95000036522

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 110, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 110, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on the 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 the report as required by chapter 620, Florida Statutes.

SIGNATURE By: *William A. Miller* DATE **7/2/09**
William A. Miller, Director Telephone Number **202-872-9070**

Typed or Printed Name of General Partner Signing Form