JUN 29'98 1[illegible] FROSKAUER ROSE [illegible] P.01/02

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6/29/98 FLORIDA DIVISION OF CORPORATIONS 10:50
PUBLIC ACCESS SYSTEM
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TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000

FROM: PROSKAUER ROSE GOETZ & MENDELSOHN ACCT#: 074673001063
CONTACT: KATHY RASLER
PHONE: (561)995-4751 FAX #: (561)241-7145

NAME: ODP, LTD.
AUDIT NUMBER.....H98000012004
DOC TYPE.....LIMITED PARTNERSHIP REINSTATEMENT
CERT. OF STATUS..1 PAGES..... 1
CERT. COPIES.....0 DEL.METHOD.. FAX
EST.CHARGE.. $1,932.50

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **
** INVALID SELECTION...PLEASE RE-ENTER **

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TALLAHASSEE, FLORIDA

H98000012004
George A. Pincus
Florida Bar No.: 0771643
Proskauer Rose, LLP
2255 Glades Road - Suite 340W
Boca Raton, Florida 33431
561-995-4704

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APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000001076

1. Name of Limited Partnership
ODP, Ltd.

DO NOT WRITE IN THIS SPACE

2. Mailing Address
3195 Powerline Road
Suite, Apt. #, etc
Suite 104
City & State
Pompano Beach, FL
Zip 33069 Country USA

3. Principal Office Address
3195 Powerline Road
Suite, Apt. #, etc
Suite 104
City & State
Pompano Beach, FL
Zip 33069 Country USA

4. Date Formed or Registered To Do Business in Florida 7/17/95

5. FEI Number
65-0665483
Applied For
Not Applicable

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

7. State or Country of Formation Florida

8a. Capital Contributions as Shown on Record
$100.00

8b. Amount of Capital Contributions in FLORIDA to date
$100.00

FEES: 1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
2.) Supplemental Fee(s): $86.75 for each year due this office, beginning with 1992 calendar year
3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent
Mr. Scott Brenner
3195 Powerline Road
Suite 104
Pompano Beach, FL 33069

10. If changed, new registered agent/office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc
City FL Zip Code

10a. 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 6/25/98

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

| 11. Names of General Partner(s) | Address of Each General Partner (Do NOT Use Post Office Box Numbers) | City, State and Zip Code | 11a. Registration Document Number |
|---|---|---|---|
| 3195, Inc. | 3195 Powerline Road, #104 | Pompano Beach, FL 33069 | P94000060658 |

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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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.

3195, Inc.
SIGNATURE By: _____ DATE 6-25-98
Scott Brenner, President of GP Telephone Number 561-995-4781
Typed or Printed Name of General Partner Signing Form