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LIMITED **PARTNERSHIP** REINSTATEMENT



**Katherine Harris** 

Secretary of State

DIVISION OF CORPORATIONS

02 MAY -9 AM 8: 44

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # A95000001934

1. Name of Limited Partnership

SIMENSKY, LTD.

				1000 $200$	シーシスン ケ
2. Principal Office Address  c/o MacLean and Ema  3. Mailing Office Address  c/o MacLean and Ema		4. Date Formed or Registered To Do Business in Florida 12/12/95			
Suite, Apt. #, etc. 2600 NE 14 St Causeway  Suite, Apt. #, etc. 2600 NE 14 St Causeway		<b>5.</b> FEI Number 65-0630772	Applied For Not Applicable		
City & State Pompano Be	each, FL	City & State Pompano Bea	ch, FL	CERTIFICATE OF STATUS DESIRED	\$8.75-Additional Fee require for a Certificate of Status
33062	_Country	33062	Country	<b>7a.</b> Capital Contributions as shown on F	<del> </del>
	8. Name and Address	s of Current Registered Ag	ent	<b>7b.</b> Amount of Capital Contributions in F \$724,000.00	LORIDA to date:
	MacLean, Esqui		·	FEES:  1.) Filing Fee(s): Computed at a rate of \$7 in 7b, with a minimum filing fee of \$52.5	per \$1,000 on amount entered 0 and a maximum of \$437.50,
c/o MacL	ean and Ema			for each year due this office.  2.) Supplemental Fee(s): \$88.75 for each y with 1992 calendar year.	ear due this office, beginning
	14 St Causeway			3.) Penalty Fee(s): \$500 penalty fee for eac	
<sup>City</sup> Pompano	Beach	State FL	33062 Zip Code	Note: If the amount entered in 7b is gre 7a, a supplemental affidavit must be sub and appropriate filing fee.	ater than amount entered in mitted along with a separate
9. Pursuant to the pro-	ovisions of sections 620.1051 and 6	320.192, Florida Statutes, the abo	ove-named limited partnership of	organized or registered under the laws of the State of F	lorida, submits this statement

urpose 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 62

SIGNATURE (Registered Agent Accepting Appointment)

May 6, 2002

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
			سو د خوی درست و پید
Simensky, Stephen	-20220-Boca≠West-Drive Cove Dev Unit 1504	Boca-Raton, FL-33434-	
		100005	638721:

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

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 logal 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 equired by chapter 620. Florida Stal

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Typed or Printed Name of General Partner Signing Form

DATE \_April 15, 2002

Telephone Number 58 30 27 8