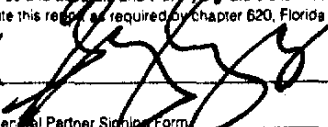


APPLICATION FOR REINSTATEMENT OR LIMITED PARTNERSHIP				FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED 97 MAY 22 AM 11:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # A95000001043						DO NOT WRITE IN THIS SPACE.	
1. Name of Limited Partnership THE MAY FAMILY PARTNERSHIP, LTD							
2. Mailing Address 721 CONCH SHELL WAY		3. Principal Office Address 721 CONCH SHELL WAY		4. Date Formed or Registered To Do Business in Florida 12/20/1995			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0628094		Applied For Not Applicable	
City & State PLANTATION, FL		City & State PLANTATION, FL		6. CERTIFICATE OF STATUS DESIRED ☐ See Additional Fee required for a Certificate of Status			
Zip 33324		Country BROWARD		Zip 33324		Country BROWARD	
7. State or Country of Formation FLORIDA							
8a. Capital Contributions as Shown on Record 5,000		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): \$103.75 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.					
8b. Amount of Capital Contributions in FLORIDA to date: 5,000							
9. Name and Address of Current Registered Agent MAY, GEORGE 721 CONCH SHELL WAY PLANTATION, FL 33324				10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) 200002196212--9 Suite, Apt. #, etc. -05/30/97--01065--020 City *****491.25 *****491.25 FL			
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 _____							
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	
MAY, GEORGE MAY, GLORIA		721 CONCH SHELL WAY 721 CONCH SHELL WAY		PLANTATION, FL 33324 PLANTATION, FL 33324		200002196212--9 -05/30/97--01065--021 *****165.00 *****165.00	
REINSTATEMENT CM							
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.							
SIGNATURE X 				DATE 5.16.97			
Typed or Printed Name of General Partner Signing Form				Telephone Number			

CR2EC09 (1/97)