

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JUL -3 PM 4:12

DOCUMENT # A96000000894

1. Name of Limited Partnership  
L & L PARTNERS, LTD.

7-3

DO NOT WRITE IN THIS SPACE.

2. Mailing Address  
90 HARBOR WAY

3. Principal Office Address  
SAME

4. Date Formed or Registered  
To Do Business in Florida 5-8-96

5. FEI Number  
65-0677025

City & State  
BAL HARBOR, FLORIDA

City & State  
/

Zip  
33154

Country  
DADE

Zip  
/

Country  
/

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

7. State or Country of Formation FLORIDA

8a. Capital Contributions as Shown  
on Record:  
4500,000

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  
- 0 -

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

M & W Agents, Inc.  
9100 S. Dadeland Blvd, Ste 1707  
Miami, Florida 33156-7819

Name  
Street Address (P.O. Box Number is Not Acceptable)  
600002233106--4  
Suite, Apt. #, etc.  
-07/08/97--01080--002  
City  
\*\*\*\*656.25 \*\*\*\*656.25  
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

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
Lewis Mittman PENCARE TRUST, Lewis Mittman, Trustee	90 HARBOR WAY	BAL HARBOR, FLA 33154	A96000000894
LILLIAN MITTMAN PENCARE TRUST, Lillian Mittman, Trustee	90 HARBOR WAY	BAL HARBOR, FLA 33154	A96000000894

REINSTATEMENT 97 kwm

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

5/24/97

Typed or Printed Name of General Partner Signing Form LEWIS MITTMAN

Telephone Number (305) 866-3830

CR2E039 (1/97)