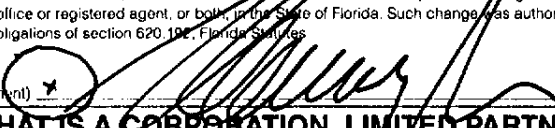


APPLICATION FOR REINSTATEMENT LIMITED PARTNER		FLORIDA DEPARTMENT OF REVENUE Andrew M. Smith Secretary of State DIVISION OF CORPORATIONS	
A9600009380		FILED 97 SEP -4 PM 1:23	
DOCUMENT # A9600009380			
1. Name of Limited Partnership NAMM FAMILY, LTD.			
DO NOT WRITE IN THIS SPACE.			
2. Mailing Address 7119 MONTRICO DRIVE Suite, Apt. #, etc.		3. Principal Office Address 7119 MONTRICO DRIVE Suite, Apt. #, etc.	
City & State BOCA RATON, FLORIDA Zip Country 33433		City & State BOCA RATON, FLORIDA Zip Country 33433	
4. Date Formed or Registered To Do Business in Florida 07/22/1996		5. FEI Number 65-069 2123	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	
7. State or Country of Formation		\$8.75 Additional Fee required for a Certificate of Status.	
8a. Capital Contributions as Shown on Record: 1000.00		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): \$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: 1000.00			
9. Name and Address of Current Registered Agent NAMM, HARVEY J. 7119 MONTRICO DRIVE BOCA RATON, FL 33433		10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) 100002285661--0 Suite, Apt. #, etc. -09/05/97--01066--004 City *****803.75 FL *****803.75	
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 6/10/97	
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) THE NAMM GROUP, INC.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7119 MONTRICO DRIVE	City, State and Zip Code BOCA RATON, FL 33433	11a. Registration Document Number P16000061720 100002285661--0 -09/05/97--01066--005 *****52.50 *****52.50
REINSTATEMENT 97-9294			

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

DATE **6/10/97**

Typed or Printed Name of General Partner Signing Form

HARVEY J. NAMM

Telephone Number

954-968-1700

CR2E039 (1/97)