		and the second second		
APPLICATION FOR REINSTATEMENT FOR	FLORIDA DEPARTMENT OF Katherine Harris Secretary of Stale			
LIMITED PARTNERSHIP	DIVISION OF CORPORAT	FILE	ED	
DOCUMENT # A9600001641 1. Name of Limited Partnership		99 AUG 16	44 91 BUA 66	
T.T. Pancho Cucamonga Associats, LTD.			c., syrvet. -, £1 ORIDA	
2. Mailing Add AV DAGG	3. Principa: Office Address	DO NOT V	VALUE IN THIS SPACE	
1871 1815209+ Suite 450	Suite Apt # etc	To Do Business in Florida 5. FEI Number	415146 Applied For	
Pin Raton I	City & State	65-072	Mol Application	
2 2/10-1 Country	Zip Country	6. CERTIFICATE OF STATUS DI	S8 75 Additional Fee required for a Certificate of Status	
8a. Capital Contributions as Shown on Record	FEES:1.) Filing Fee(s) Computed at a rate	7. State or Country of Formatio	n	
8b. Amount of Capital Contributions in FLORIDA to date \$1,000	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): \$88.75 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. 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 10. If changed, new registered agent/office				
one Divide Divide Con Esq.				
621 NW 53rg Street Suite 450 (001 MW 53rg Street Suite 450)				
DOCA Katon, FL 33487				
10a. Pursuant to the provisions of sections 620 1051 and 620 105. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement agent. I am familiar with and accept the obligation of section \$20 102. Florida Statutes				
,	section #20 192, Florida Statules	1 —		
A GENERAL PARTNER THAT IS	A CORPORATION LIMITED	PARTNERSHIP OR OTHE	5/10/99	
	BE REGISTERED AND ACTI Address of Each General Partner	VE WITH THIS OFFICE.	H BUSINESS ENTITY	
	(Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number	
11 Rancho Cucaniga, In	621 NW 53RD St; #450	Boca Raton FL 33482	7 P9600073423	
J		500002	919459 28301014002 06,25 ****641.25	
REINSTA	ATEMENT 99_	***dd	Uh.25 ************************************	
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	,			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.				

SIGNATURE A

Typed or Printed Name of General Partner Signing Form

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 Statules Trelease 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 and cated on this annual reports true and accordate 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 I mited partnership, receiver or trustee T.T. Kowino Curamonga, This.