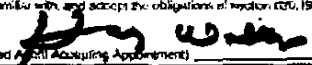
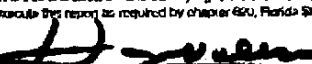


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUN -1 AM 9:32

A96 000001917

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		 FLORIDA DEPARTMENT OF STATE Sandra S. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A96000001917 1. Name of Limited Partnership NW Family Partnership, Ltd.			
DO NOT WRITE IN THIS SPACE.			
2. Mailing Address Carriage Club South Suite, Apt. #, etc. 5001 Collins Avenue, 15B City & State Miami Beach, FL 33140 Zip 33140 Country USA		3. Principal Office Address Carriage Club South Suite, Apt. #, etc. 5001 Collins Avenue, 15B City & State Miami Beach, FL 33140 Zip 33140 Country USA	
4. Date Formed or Registered in the Business in Florida October 15, 1996		5. FC Number 65-0782304	
6. CERTIFICATE OF STATUS DESIRED ☐		7. State or Country of Formation Florida	
8a. Capital Contributions as Shown on Record 1,000,000.00		FEES: 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8a, 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): \$300 penalty fee for each year amount from is delinquent. Note: If the amount entered in 8a 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: 1,000,000.00			
9. Name and Address of Current Registered Agent NW Family Corp. Carriage Club South 5001 Collins Avenue, 15B Miami Beach, Florida 33140		10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State Zip Code	
10a. Pursuant to the provisions of sections 609.1061 and 609.1062, 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 609.1062, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment)  DATE 4/27/98			
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) NW Family Corp.	Address of Each General Partner (Do NOT Use Post Office Box Number) Carriage Club South 5001 Collins Avenue, 15B	City, State and Zip Code Miami Beach, FL 33140	11a. Registration Document Number P96000084867
REINSTATEMENT			
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)(d), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(d) in the event that the information supplied is determined (separate stamp) from public access. I further certify that the information included 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 of the same, authorized to execute this report as required by chapter 680, Florida Statutes.			
SIGNATURE  Harry Walker, President of General Partner			
Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____			

CERES/CS (1/97)