FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	3. Principal Office Address	4. Date Formed or Registered to Do Business in Florida
Carriage Club South	Carriage Club South	October 15, 1996
Suite, Apt. #, etc. 5001 Collins Avenue, 15B	Suite, Apt. #, etc. 5001 Collins Avenue, 15B	5. FEI Number 65-0782304 ☐ Applied For ☐ Not Applicable
City & State Miami Beach, FL 33140	City & State Miami Beach, FL 33140	6. CERTIFICATE OF STATUS DESIRED ☐
Zip 33140 Country USA	Zip 33140 Country USA	7. State or Country of Formation Florida

8a. Capital Contributions as Shown on Record: 1,000,000.00

8b. Amount of Capital Contributions in FLORIDA to date: 1,000,000.00

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): $100.75 for each year due this office, beginning with 1982 calendar year.
3.) Penalty Fee(s): $300 penalty fee for each year absent from a delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a certified and appropriate filing fee.

9. Name and Address of Current Registered Agent	10. If changed, new registered agent/office
NW Family Corp. Carriage Club South 5001 Collins Avenue, 15B Miami Beach, Florida 33140	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

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***1026.25 ***1026.25

10a. Pursuant to the provisions of sections 620.1061 and 620.192, Florida Statutes, the abovenamed 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 4/21/98

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)	Address of Each General Partner (Do NOT Use Post Office Box Number)	City, State and Zip Code	11a. Registration Document Number
NW Family Corp.	Carriage Club South 5001 Collins Avenue, 15B	Miami Beach, FL 33140	P96000084867

REINSTATEMENT 98
QR 6-1

(REV 6/96)

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 of trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ Harry Walker, President of General Partner DATE _____

Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____