

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP			FLORIDA DEPARTMENT OF STATE Sandra M. Matheson Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY -8 PM 1:35	
DOCUMENT # 1. Name of Limited Partnership Azalea Oaks Group, Ltd.			DO NOT WRITE IN THIS SPACE.			
2. Mailing Address 405-F Atlantis Road Suite, Apt. #, etc. City & State Cape Canaveral, FL 32920 Zip 32920 Country		3. Principal Office Address 405-F Atlantis Road Suite, Apt. #, etc. City & State Cape Canaveral, FL 32920 Zip 32920 Country		4. Date Formed or Registered To Do Business in Florida 5. FEI Number 59-3433884 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional fee required for a Certificate of Status 7. State or Country of Formation FL		
8a. Capital Contributions as Shown on Record \$1,000.00 8b. Amount of Capital Contributions in FLORIDA to date \$1,000.00		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): \$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. 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.				
9. Name and Address of Current Registered Agent Christopher J. Straka 405-F Atlantis Road Cape Canaveral, FL 32920			10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
10a. Pursuant to the provisions of sections 620.106, 1 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 5.7.98						
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) S.M. Partners Group I, Inc.		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 405-F Atlantis Road		City, State and Zip Code Cape Canaveral, FL 32920 11a. Registration Document Number 700002517087--2		
REINSTATEMENT CR 5-8						
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 Christopher J. Straka, President DATE 5.7.98 Typed or Printed Name of General Partner, Signing Form Telephone Number 407.799.4900						



**THE UNITED STATES  
CORPORATION  
COMPANY**

ACCOUNT NO. : 072100000032

REFERENCE : 812013 7120823

AUTHORIZATION :

COST LIMIT : \$ 650.00

*Patricia Pizutto*

ORDER DATE : May 8, 1998

ORDER TIME : 10:25 AM

ORDER NO. : 812013-005

CUSTOMER NO: 7120823

CUSTOMER: Ms. Cynthia L. Rentz  
Straka & Associates  
405-f Atlantis Road

Cape Canaveral, FL 32920

DOMESTIC FILINGS

NAME: AZALEA OAKS GROUP, LTD.

*AC 46-1965*

Name Availability	<i>JE 58</i>
Document Examiner	<i>JE</i>
Updater	<i>JE</i>
Updater Verifier	<i>JE</i>
Acknowledgement	
W. P. Verifier	<i>JE</i>

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

EXAMINER'S INITIALS \_\_\_\_\_

DIVISION OF CORPORATION  
98 MAY -8 AM 11:08  
11:00 AM