

APPLICATION FOR REINSTATEMENT OF LIMITED PARTNERSHIP			FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAY 28 PM 4: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE.	
DOCUMENT # A 96000002049						
1. Name of Limited Partnership THE SNOWWONS LIMITED PARTNERSHIP						
2. Mailing Address c/o ROBERT M. SNOW 1121 CRANDON BLVD, D602		3. Principal Office Address SAME		4. Date Formed or Registered To Do Business in Florida NOVEMBER 5, 1996		
Suite, Apt. #, etc		Suite, Apt. #, etc		5. FEI Number 65-0708104		
City & State KEY BISCAINE, FL		City & State		Applied For		
Zip 33149		Country USA		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 FLORIDA				
8a. Capital Contributions as Shown on Record 872,864		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.				
8b. Amount of Capital Contributions in FLORIDA to date 872,864						
9. Name and Address of Current Registered Agent ROBERT M. SNOW 1121 CRANDON BLVD, D602 KEY BISCAINE, FL 33149			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 620.1051 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 _____						
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 Numbers)		City, State and Zip Code		
ROBERT M. SNOW		1121 CRANDON BLVD. D602		KEY BISCAINE, FL 33149		
				400002540864--8 -05/28/98--01104--001 ***1405.04 ***1035.00		
				REINSTATEMENT 98 CUS 5-26-98		
				FF 1026-75 CUS 8.75		
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 Robert M. Snow ROBERT M. SNOW			DATE May 15 '98 516-298-0072			
Typed or Printed Name of General Partner Signing Form			Telephone Number			

CR2E039 (12/97)