

APPLICATION FOR REINSTATEMENT OF LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 MAY -6 AM 11:40	
DOCUMENT # A96000002203				DO NOT WRITE IN THIS SPACE.	
1. Name of Limited Partnership PRIDE UNITED LIMITED PARTNERSHIP					
2. Mailing Address 2139 Palm Beach Lakes Blvd.		3. Principal Office Address 2139 Palm Beach Lakes Blvd.		4. Date Formed or Registered To Do Business in Florida 12-3-97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0728320	
City & State West Palm Beach, FL 33409		City & State West Palm Beach, FL 33409		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>See Additional Fee required for a Certificate of Status.</small>	
				7. State or Country of Formation FL	
8a. Capital Contributions as Shown on Record \$270,000.00		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): \$103.75 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 \$270,000.00					
9. Name and Address of Current Registered Agent Scarola, John 2139 Palm Beach Lakes Boulevard West Palm Beach, FL 33409				10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) 4000002173794--1 Suite, Apt. #, etc. 05/09/97 01121-017 ***1050.00 ***1050.00 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) <i>[Signature]</i> DATE April 30, 1997					
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)		11a. Registration Document Number	
SDSB&S Realty Corp.		2139 Palm Beach Lakes		West Palm Beach, FL 33409	
				P96000095506	
REINSTATEMENT <i>q7</i> <i>Cusack</i> <i>S-b</i>					
Nbte: 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 <i>[Signature]</i> DATE April 30, 1997 Typed or Printed Name of General Partner Signing Form John Scarola Telephone Number (561) 686-6300					

CR2E039 (1/97)