A96000002448

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 13 PM 3: 2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000002448

1. Name of Limited Partnership: MINNESOTA HEIGHTS, LTD.

2. Principal Office Address 375 GRAY ROAD	3. Mailing Office Address P.O. BOX 928
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MELBOURNE, FL	City & State CAPE CANAVERAL, FL
Zip 32904 / Country USA	Zip 32920 / Country USA

4. Date Formed or Registered To Do Business in Florida: 12/24/1996

5. FEI Number: 59-3415776 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record: $1,000.00

7b. 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 7b, 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 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8. Name and Address of Current Registered Agent

Name: STRAKA, CHRISTOPHER J.
Street Address (P.O. Box Number is Not Acceptable): 375 GARY ROAD
Suite, Apt. #, Etc.
City: MELBOURNE State: FL Zip Code: 32904

9. Pursuant to the provisions of sections 620.105 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 12/11/2002

CR2E039 (8/01)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
M.H. PARTNERS GROUP I, INC.	375 GRAY ROAD	MELBOURNE, FL 32904	P96000103205

REINSTATEMENT 2002

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. 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 noncompliance 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 or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE ________ DATE 12/11/2002

Typed or Printed Name of General Partner Signing Form: M.H. PARTNERS GROUP, INC. Telephone Number 407/799-4900

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DIVISION OF CORPORATION

Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : PORGES, HAMLIN,KNOWLES AND PROUTY, PA.
Account Number : 076077002227
Phone : (941)748-3770
Fax Number : (941)746-4160

LIMITED PARTNERSHIP REINSTATEMENT

MINNESOTA HEIGHTS, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$641.25