

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY 15 PM 4: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # A97000000163

1. Name of Limited Partnership
LEVIN FIRST FAMILY LIMITED PARTNERSHIP

| | | | |
|--|-----------------------|---|-----------------------|
| 2. Mailing Address 2 Estate Drive Suite, Apt. #, etc. | | 3. Principal Office Address 2 Estate Drive Suite, Apt. #, etc. | |
| City & State Boynton Beach, FL | | City & State Boynton Beach, FL | |
| Zip 33436 | Country USA | Zip 33436 | Country USA |

| | |
|--|-----------------------------------|
| 4. Date Formed or Registered To Do Business in Florida | |
| 5. FEI Number 65-0719161 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input 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 750,000 | 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 0.00 | |

9. Name and Address of Current Registered Agent

**Steven A. Sciarretta, P.A.
2300 Glades Rd. Suite 302E
Boca Raton, FL 33431**

10. If changed, new registered agent/office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City

**200002531026-05/21/98-01007-007
***1026.25 FL ***1026.25**

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 **5/5/98**

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) Larry Levin | Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2 Estate Drive | City, State and Zip Code Boynton Beach, FL 33436 | 11a. Registration Document Number 98 985418 |
|---|---|--|---|

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 **Larry Levin** DATE **5/8/98**

Typed or Printed Name of General Partner Signing Form **Larry Levin** Telephone Number **1-561-736-2846**

CR2E039 (12/97)