


2004 LIMITED PARTNERSHIP REINSTATEMENT

FILED

2004 NOV 24 PM 2: 46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000000327		
1. Entity Name WELLMET, LTD.		

Principal Place of Business 12830 OAK KNOLL DR. PALM BEACH GARDENS, FL 33418	Mailing Address 12830 OAK KNOLL DR. PALM BEACH GARDENS, FL 33418
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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11082004 REIN-LP CR2E100 (6/04)

4. FEI Number 65-0729301	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHERRY, RICHARD G 1665 PALM BEACH LAKES BLVD., SUITE 600 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.
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9. Capital Contributions As Shown on record. \$10,000.00	10. Amount of Capital Contributions In FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000011860	STREET ADDRESS	
NAME	WELLMET, INC.	CITY-ST-ZIP	
STREET ADDRESS	12830 OAK KNOLL DRIVE		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:		11/13/04	5616266467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

STAPLE CHECK HERE