

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2000
LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 14 AM 11:05

[Handwritten signature]

DOCUMENT # A970000000393

1. Name of Limited Partnership

DANIEL #1 LTD.

2. Principal Office Address

5965 NW 82 AVE

3. Mailing Office Address

5965 NW 82 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLA. 33166

City & State

MIAMI, FLA.

Country

Country

USA

Zip

Country

USA.

8. Name and Address of Current Registered Agent

Name

KTG + S Registered Agent Corp.

Street Address (P.O. Box Number is Not Acceptable)

100 SE 2nd St., 28th Floor

Suite, Apt. #, Etc.

MIAMI, FLA. 33131

City

State

FL

Zip Code

4. Date Formed or Registered

To Do Business in Florida

MARCH 1, 1997

5. FEI Number

65-0755862

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:

7b. Amount of Capital Contributions in FLORIDA to date:

60,000

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.

9. 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.

10.

Name(s) of General Partner(s)

Daniel No. 1 Inc.
5965 NW 82 AVE.
MIAMI, FLA. 33166

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a.

Registration
Document Number

P970000
14190

500003479865--7
-11/29/00--01058--004
****\$17.50 ****\$17.50

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 non-compliance 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

Shelley B. Daniel
Shelley B. Daniel

DATE

10-18-00

Typed or Printed Name of General Partner Signing Form

Telephone Number

305-592-8777

CR2E039 (9/00)