

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 16 AM 9:40

DOCUMENT # A97000000654

1. Name of Limited Partnership

MJW ASSOCIATES LIMITED PARTNERSHIP

2. Principal Office Address

1200 Brickell Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 700

City & State

Miami FL

City & State

Zip

33131

Country

USA

Zip

Country

**4. Date Formed or Registered
To Do Business in Florida**

03/19/1997

5. FEI Number
650743683

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Linda M. Smith

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

1509 NE 105 Street

Suite, Apt. #, Etc.

City

Miami Shores

State

FL

Zip Code

33138

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

J. M. Smith
(REGISTERED AGENT MUST SIGN)

DATE

6/7/06

**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)

MJW Associates Inc.

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

11900 Biscayne Blvd.

City, State and Zip Code

Miami FL 33181

**10a. Registration
Document Number**

P97000022002

700075500247
06/22/06--01040--001 **3000.00

REINSTATEMENT 04-06

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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

R. Koch

DATE

4/27/06

Typed or Printed Name of General Partner Signing Form

ROGER KOCH, President

Telephone Number

(305) 899-1415