PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT

SIGNATURE

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILEU
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCOMEN	l # A9700000094	-2	•		:				
1. Name of Limited Part	tnership							2 - 0 - 0	
DAGUE FAMILY INVESTMENTS, LTD.				REINSTATEMENT 03-0-					
45-55 NW 8 ST., SUITE #110					urnan 1		ሕ በ ር⊒ብ Ω ለ	-	
HOMESTEAD,				!	n/				
				1					
2. Principal Office Addr	ess	3. Mailing Office Addre	3. Mailing Office Address			istered		* * * * * * * * * * * * * * * * * * * *	
		3240 SW 129 A	A TOWNIE		4. Date Formed or Registered To Do Business in Florida 04/28/1997				
		Suite, Apt. #, etc.	AVENUE		5. FEI Number		1	Applied For	
		Sura, Apr. M. G.G.			65-0750525		}	Not Applicable	
SUITE #110	-	0'11 0 0111	<u> </u>				L \$8.75 Add	litional Fee require	
City & State	- * .	1 -	City & State			US DESIRED		rtificate of Status	
HOMESTEAD,	FL	MIAMI, FL			7a. Capital Contribution	e ae choum on	Pacord:	· <u>·</u>	
Zip	Country	Zip	Country		\$10,000	5 45 \$110WIT OII	Record.		
33030	MAAMI-DADE	33175	MIAMI-DADE		7b. Amount of Capital C	Contributions in	FLORIDA to	date.	
	8. Name and Address of	of Current Registered Age	nt		\$10,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Name						FEES			
RAMON ANTON	10 GUEVARA	,	•		1.) Filing Fee(s): Compute		•	n amount entered	
Street Address (P.O. Bo.	x Number is Not Acceptable)		·	in 7b, with a minimum for each year due this		2.50 and a max	imum of \$437.50,	
3240 SW 129	AVENUE				2.) Supplemental Fee(s):	\$88.75 for <u>each</u>	year dug this	office, beginning	
Suite, Apt. #, Etc.					with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.				
make, ru					Note: If the amount entered in 7b is greater than amount entered in				
City MIAMI		FL	State Zip Code			7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
	 			······	<u></u>				
 Pursuant to the provision for the purpose of char 	ons of sections 620,1051 and 62 nging its registered office or regi	192, Florida Statutes, the above stered agent, or both, in the Sta	ve-named limited partners! te of Florida. Such change	thip organ was auth	nized or registered under the la horized by its general partner(s	ws of the State of	of Florida, subm	its this statement lent of registered	
agent, I am familiar with	h, and accept the obligations of	section 620.192, Florida Statute	S.					•	
SIGNATURE (Bagistered Ac	gent Accepting Appointment)					DATE			
	PARTNER THAT	IS A CORDORAT	ION LIMITED) DAF	THEREUM OR		BUCINE	CC ENTITY	
A GENERAL	MUS'	T BE REGISTERI	FD AND ACTIV	VF W	ITH THIS OFFIC	CINEK	DO3INE:	39 EN 111 1	
10. Name(s) of G		· · · · · · · · · · · · · · · · · · ·	h General Partner	<u> </u>			10a	Registration	
Name(s) or G	General Partner(s)		Office Box Numbers)	_	City, State and Zip Cod	1 0	Da. D	ocument Number	
DAGUE, INC.		3240 SW 129	AVENUE	MIAI	MI, FL 33175		P970000	38212 -	
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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 Pertner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 520. Florida Statutes.

2801 Ponce De Leon Boulevard Suite 1000

Coral Gables, Florida 33134-6917

Telephone: (305) 445-0777 Telefax: (305) 446-8576 E-Mail: jose@jarcpa.net Website: www.jarcpa.net

February 24, 2005

Division of Corporations Attn: Partnership Section P.O. Box 6327 Tallahassee, FL 32314

Re:

Dague Family Investments, Ltd. Limited Partnership Reinstatement Document #A9700000942 I.D. #65-0750525

To Whom It May Concern:

Enclosed please find a duly executed Limited Partnership Reinstatement Form, and a corresponding check for \$485.00 to reinstate the Partnership and bring everything up to current status through 2005.

My client never received your 2003 form, and lamentably was never able to properly register that year or subsequent years. Apparently, your address did not include the office suite number; therefore, Dr. Guevara never received these papers.

The check we are including effectively pays the annual fees for 2003, 2004, and 2005 and the check amount was calculated as follows:

<u>Year</u>	Filing Fee	Supplemental Fee	Certificate of Status	<u>Totals</u>
2003	\$ 70.00	\$ 88.75		\$158.75
2004	70.00	88.75		158.75
2005	70.00	<u>88.75</u>	<u>\$8.75</u>	<u>167.50</u>
	\$210.00	\$266,25	<u>\$8.75</u>	\$485,00

Kindly process the above reinstatement form, send my client their Certificate of Status, and change the mailing address on your records to 3240 SW 129 Avenue, Miami, FL 33175.

If you should need additional information, please contact me.

Very truly yours,

Jose A. Riesco

cc: Dague Family Investments, Ltd.