PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 JUN 16 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A97000000957

1. Name of Limited Partnership
ALOMA BEND, LTD.

2. Principal Office Address	3. Mailing Office Address
364 WILMINGTON WEST CH	301 E. PINE STREET
Suite, Apt. #, etc. BULIDNG C UNIT G	Suite, Apt. #, etc. SUITE 1400
City & State GLEN MILLS, PA	City & State ORLANDO, FL
Zip 19342 Country U.S.A.	Zip 32801 Country U.S.A.

4. Date Formed or Registered To Do Business in Florida: 04/30/1997

5. FEI Number: 59-3466132 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☑ ($5.00 Additional - Not Available Online)

7a. Capital Contributions as shown on Record: $990.00

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

8. Name and Address of Current Registered Agent

Name: JAMES BALLETTA

Street Address (P.O. Box Number is Not Acceptable): 301 EAST PINE STREET

Suite, Apt. #, Etc.: SUITE 1400

City: ORLANDO State: FL Zip Code: 32801

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 $637.50, for each year the will office.
2) Supplemental Fee(s): $55.75 for each year that this office, beginning with 1992 calendar year
3) Penalty Fee(s): $500 penalty fee for each year record was in delinquent.
Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with separate and appropriate filing fee.

9. Pursuant to the provisions of section(s) 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 all general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.193, Florida Statutes.

SIGNATURE (Registered Agent accepting Appointment) _____ DATE JUNE 9, 2004

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)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
ALOMA BEND, INC.	364 WILMINGTON WEST CHESTER PIKE	GLEN MILLS, PA 19342	P97000023139

REINSTATEMENT 06-23-2004

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 Department of State, Division of Corporations from any liability of reincorporation with Section 119.07(7)(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 named or the trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE _____ DATE JUNE 9, 2004

Typed or Printed Name of General Partner Signing Form: FRANK X. PHILLIPS, GP Telephone Number: 610/558-1500

CR2E004 (1/97)

TOTAL P.03

Florida Department of State

Division of Corporations

Public Access System

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Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : GRAY, HARRIS & ROBINSON, P.A. - ORLANDO
Account Number : I20010000078
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LIMITED PARTNERSHIP REINSTATEMENT

ALOMA BEND, LTD.

Certificate of Status	0
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Estimated Charge	$1,282.50