LIMIT **PARTNERSHIP** REINSTATEMENT



Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 JUN 21 AM 8: 44

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT #

1. Name of Limited Partnership

KRUPKA FAMILY LTD.

<u> </u>			CIIS VI	21 2001-2002	
2. Principal Office Address Barash & Associates, P.A. 3. Mailing Office Address		4. Date Formed or Registr To Do Business in Flori	red		
Suite, Apt. #, etc. 1140 Kane Concourse 4th F1.			5. FEI Number 65-0754019	Applied For Not Applicable	
City & State City & State			6. CERTIFICATE OF STATUS	G. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
Bay Harbor Islands, Fl.					
Zip Country 33154 USA	Zip	Country	7a. Capital Contributions a \$1,486.130	1	
			7b. Amount of Capital Con	tributions in FLORIDA to date:	
8. Name and Address of Current Registered Agent			\$1,486,130	\$1,486,130.45	
Name Barash & Associates	P.A.		1) Filing Fools's Committed	FEES:	
Street Address (P.O. Box Number is Not Acceptab	ile)	in 70, with a minimum filin	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		
1140 Kane Concourse		2.) Supplemental Fee(s): \$88			
Suite, Apt. #, Etc.			with 1992 calendar year.	with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.	
4th Floor			Note: If the amount entere	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.	
Bay Harbor Islands, State Zip Code FL 33154			7a, a supplemental affidav		
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 statem into for the purpose of changing its registered office or registered agent, of both, in the State of Florida. Such change was abtribby 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		X4-2	n Mes.	DATE 06/05/2002	
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	of Each General Partner Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number	
Amendment filed	4/81				
Appointing new	CP's n	AH-	FF	\$ acsa. 50	
G		•	. a cu	\$ 2052.50 5'5 17.50	
		April 18 Section 1.	2000c	05974902	
Note: General partners MAY NOT be changed on this form: an amendment must be filed to a barrier					

on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemptated in Section 119.07(3)(i). Fiorida 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 indicent is 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, recent trustee empowered to execute this report as required by chapter 678. Fibrida Statutes.

SIGNATURE ALL

Typed or Printed Name of General Partner Signing Form

ROBERT WINTER

Telephone Number 305-666-4590