

A97000001050

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

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

02 JUN 21 AM 8:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A97000001050

1. Name of Limited Partnership

KRUPKA FAMILY LTD.

2. Principal Office Address

Barash & Associates, P.A.

3. Mailing Office Address

Suite, Apt. #, etc.

1140 Kane Concourse 4th Fl.

Suite, Apt. #, etc.

City & State

Bay Harbor Islands, FL.

City & State

Zip

33154

Country

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

Barash & Associates P.A.

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

1140 Kane Concourse

Suite, Apt. #, Etc.

4th Floor

City

Bay Harbor Islands,

State

FL

Zip Code

33154

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, of 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)

[Signature]

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

City, State and Zip Code

10a. Registration Document Number

Amendment filed 6/8/02
Appointing new GP's mftt

FF \$2052.50
2 Cus's 17.50

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-06/25/02--01014--022
***2218.75 ***2070.00
2061.25

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 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

[Signature]

DATE

6/11/02

ROBERT WINTER

Typed or Printed Name of General Partner Signing Form

Telephone Number 305-666-4590

CR2E038 (6/01)