


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED NOV -2 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # A97-1052					
1. Name of Limited Partnership HALPERN PARTNERS, LTD					
2. Principal Office Address 6768 10TH AVENUE NORTH Suite, Apt. #, etc. 301 City & State LAKE WORTH, FL. Zip 33467 Country US.		3. Mailing Office Address LEXINE NEIDER WOHL, LLP Suite, Apt. #, etc. 462 City & State NEW YORK, N.Y. Zip 10169 Country US.		4. Date Formed or Registered To Do Business in Florida 05/12/1997. 5. FEI Number 65-0746564 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status.				7a. Capital Contributions as shown on Record: 1,069,026.00 7b. Amount of Capital Contributions in FLORIDA to date: 1,069,026.00	
8. Name and Address of Current Registered Agent Name JACK HALPERN Street Address (P.O. Box Number is Not Acceptable) 6768 10TH AVENUE NORTH Suite, Apt. #, Etc. 301 City LAKE WORTH State FL Zip Code 33467					
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, or 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) _____ DATE _____					
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) JACK HALPERN HOWARD M. HALPERN		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6768 10TH AVENUE NORTH 7 NARROWS WAY		City, State and Zip Code LAKE WORTH, FL, 33467 JAMESBURG, NJ, 08831	
				10a. Registration Document Number 800004676718--4 -11/13/01--01057--019 ***1026.25 ***1026.25	
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 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 Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE JACK HALPERN DATE 10/28/2001 Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____					