APPRUVE

LIMITED **PARTNERSHIP** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

04 MAY 14 PM 12: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #	# A970	0000014	120

1. Name of Limited Partnership

MYSTIC PARK FAMILY LIMITED PARTNERSHIP, LTD.



	÷ :				Lie Lu
2. Principal Office Address 6612 NW 24TH AVE. 3. Mailing Office Address 6612 NW 24TH AVE.		4. Date Formed or Registered To Do Business in Florida 6/26/97			
Suite, Apt. #, etc.	i	Suite, Apt. #, etc.		5. FEI Number 650768211	Applied For Not Applicable
City & State BOCA RATON, FL City & State BOCA RATON, FL		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
Zip 33496	Country	^{Zip} 33496	Country	7a. Capital Contributions as shown on Ri \$226,000 7b. Amount of Capital Contributions in Fl	
	8. Name and Add	dress of Current Registered	Agent	\$226,000	
Street Address (P.	el M. Sisisky D. Box Number is Not Accordance 24TH AVE.	eptable)		1.) Filing Fee(s): Computed at a rate of \$7 p in 7b, with a minimum filing fee of \$52.50 for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year with 1992 calendar year.	and a maximum of \$437.50,
City Boca R	atonį́	Sta		Penalty Fee(s): \$500 penalty fee for each Note: If the amount entered in 7b is greating fee. A supplemental affidavit must be sub and appropriate filing fee.	iter than amount entered in
9. Pursuant to the p	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 F	lorida, 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)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE

MIGST 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		
Samuel M. Sisisky	6612 NW 24th Ave	Boca Raton, FL 33496	N/A		
Marilyn E. Shaff	6719 Portside Dr.	Boca Raton, FL 33496	N/A		
		7000370 05/24/0401 <u>074</u>	44527 -005 **1539.38		
ů .		7000370 05/24/0401074	14452 (006 **1539.37		
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11	١.	I do hereby certify that the information supplied with this filling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(i), Floring the information supplied with this filling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(i), Floring turnished and does not qualify for the exemption stated in Section 119.07(3)(ii), Floring turnished and does not qualify for the exemption stated in Section 119.07(3)(ii), Floring turnished and does not qualify for the exemption stated in Section 119.07(3)(ii), Floring turnished and does not qualify for the exemption stated in Section 119.07(3)(ii), Floring turnished and does not qualify for the exemption stated in Section 119.07(3)(ii), Floring turnished and does not qualify for the exemption stated in Section 119.07(3)(ii), Floring turnished and does not qualify for the exemption stated in Section 119.07(3)(iii), Floring turnished and does not qualify for the exemption stated in Section 119.07(3)(iii), Floring turnished and does not qualify for the exemption stated in Section 119.07(3)(iii), Floring turnished and does not qualify for the exemption stated in Section 119.07(3)(iii), Floring turnished and does not qualify for the exemption stated in Section 119.07(3)(iii), Floring turnished and does not qualify for the exemption stated in Section 119.07(3)(iii), Floring turnished and does not qualify for the exemption stated in Section 119.07(3)(iii), Floring turnished and does not qualify for the exemption stated in Section 119.07(3)(iii), Floring turnished and does not qualify for the exemption stated in Section 119.07(3)(iii), Floring turnished and does not qualify for the exemption stated in Section 119.07(3)(iii), Floring turnished and does not qualify for the exemption stated in Section 119.07(3)(iii), Floring turnished and does not qualify for the exemption stated in Section 119.07(3)(iii), Floring turnished and does not qualify for the exemption stated in Section 119.07(3)(iii), Floring turn	orida 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.		
		on this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General F	'artner of the limited partne	rship, receiver or
		trustee empowered to execute this report as reported by chapter 620, Floring Statutes.	_	

Typed or Printed Name of General Partner Signing Form

Telephone Number