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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 25 PM 11:02

DOCUMENT # A97-1742

1. Name of Limited Partnership

Quartin Limited Partnership

REINSTATEMENT 2000

2. Principal Office Address	3. Mailing Office Address
7000 NW 25th Street	C/O Jay Rossin 2699 S. Bayshore Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33122 Country: USA	Zip: 33133 Country: USA

4. Date Formed or Registered To Do Business in Florida: August 11, 1997

5. FEI Number: 650812982 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record: 2,900,000.00

7b. Amount of Capital Contributions in FLORIDA to date: 389,390

8. Name and Address of Current Registered Agent

Name: Quartin, Stephen

Street Address (P.O. Box Number is Not Acceptable): 8980 S.W. 67th Avenue

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33156

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 $437.50, for each year due this office.

2.) Supplemental Fee(s): $88.75 for each year due this office, beginning with 1992 calendar year.

~~3.) Penalty Fee(s): $600 penalty fee for each year report/form late/delinquent.~~

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.

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 _____

CR2E039 (11/98)

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
		100003456361--8 -11/07/00--01137--024 ****526.25 ****526.25	
QUARTIN, EDNA TRUSTEE	2451 BRICKELL AVE., APT. 20-G	MIAMI FL 33129	
BERNSTEIN, BARBARA	413 BUTTONWOOD LANE	LARGO FL 33770	
QUARTIN, STEPHEN	8980 S.W. 67TH AVE.	MIAMI FL 33156	
QUARTIN, EDYTHE	2584 INAQUA AVE.	COCONUT GROVE FL 33133	
FESTINGER, JANET Q	616 SANTURCE AVE.	CORAL GABLES FL 33143	

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 Stephen Quartin DATE 10/23/00

Typed or Printed Name of General Partner Signing Form STEPHEN QUARTIN Telephone Number 305-592-5520