APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUN 16 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # A97000002054

1. Name of Limited Partnership
GADSDEN SQUARE LIMITED PARTNERSHIP

2. Mailing Address
1009 EAST 14 STREET
Suite, Apt. #, etc.
City & State: BROOKLYN NY
Zip: 11230 Country: USA

3. Principal Office Address
1009 EAST 14 STREET
Suite, Apt. #, etc.
City & State: BROOKLYN NY
Zip: 11230 Country: USA

4. Date Formed or Registered To Do Business in Florida: 9/23/1997

5. FEI Number: 65 078 2904 ☐ Applied For ☐ Not Applicable

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

7. State or Country of Formation: FL

8a. Capital Contributions as Shown on PF: $650,000

8b. Amount of Capital Contributions in FLORIDA to date: $650,000

FEES: 1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, 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): $500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

FF $2052.50
CUS 8.75

9. **Name and Address of Current Registered Agent**
Joseph, Jerry
100 Golden Isles DR, SUITE 1204
Hallandale FL 33009

10. If changed, new registered agent/office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

REINSTATEMENT 98-99

10a. 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) See attached DATE 6/17

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

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
GADSDEN, INC.	1009 EAST 14 ST.	BROOKLYN NY 11230	P97000082341

300002911503--4
-06/22/99--01005--002
****500.00 ****500.00

300002911503--4
-06/22/99--01005--001
***1561.25 ***1561.25

CR2E039 (12/97)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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: Judy Eckstein DATE: Mar 23, 1999

Typed or Printed Name of General Partner Signing Form: JUDY ECKSTEIN Telephone Number: 718-258-1198

(2)

RA Signature Page only

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

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DOCUMENT # A97D00002054

1. Name of Limited Partnership
GADSDEN SQUARE LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
1009 EAST 14 STREET	1009 EAST 14 STREET	9/23/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number: 65 078 2904 — Applied For ☐ Not Applicable ☐
City & State: BROOKLYN NY	City & State: BROOKLYN NY	6. CERTIFICATE OF STATUS DESIRED ☑
Zip: 11230 Country: USA	Zip: 11230 Country: USA	7. State or Country of Formation: ~~NEW YORK~~ Florida

8a. Capital Contributions as Shown on Record: 650,000.

8b. Amount of Capital Contributions in FLORIDA to date: 650,000.

FEES: 1) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, 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): $500 penalty fee for each year report late or delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent	10. If changed, new registered agent/office
Joseph, Jerry 100 Golden Isles Dr, Suite 1204 Hallandale FL 33009	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City: FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192 Florida Statutes, this 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 this appointment of registered agent. I am familiar with and accept the obligations of section 620.192 Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE 4/18/99

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

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Number(s))	City, State and Zip Code	11a. Registration Document Number
GADSDEN, INC.	1009 EAST 14 ST.	BROOKLYN NY 11230	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 or 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: _____ DATE: Mar 23, 1999

Typed or Printed Name of General Partner Signing Form: STUDY ECKSTEIN Telephone Number: 711-258-1198