PLEASE READ

LIMITED **PARTNERSHIP** REINSTATEMENT



Secretary of State **DIVISION OF CORPORATIONS**

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DOCUMENT #

1. Name of Limited Partnership

Plan Hospitality, LTD.

A98000000138

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2. Principal Office Address 301 South Frontage Road		3. Mailing Office Address P.O. Box 1980			4. Date Formed or Registered To Do Business in Florida January 13, 1998				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number 59-3486104		Applied For Not Applicable		
City & State Plant City, FL		City & State Agoura Hills, CA			CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status				
33566	Country	z _{ip} 91376	Country USA		7a. Capital Contributions as shown on Record: \$150,000.00 7b. Amount of Capital Contributions in FLORIDA to date:				
	8. Name and Address of C	urrent Registered Age	nt	\Box					
Conrad Swanson, Esquire				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,					
Street Address (P.O. Box Number is Not Acceptable) 121 North Collins Street				-	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 7b is greater than amount entered in				
Suite, Apt. #, Etc.									
Plant City		State Zip Code FL 33563			7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.				
for the purpose of chan		ed agent, or both, in the State	te of Florida. Such change		ted or registered under the laws of the State or prized by its general partner(s). I hereby access				
	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 Go	eneral Partner(s)		h General Partner Office Box Numbers)		City, State and Zip Code		Registration sument Number		
PH Plant City	, Inc.	P.O. Box 198	30	Ago	ura Hills, CA 91376	P980000			
			1	100017429991					

REMSTATEMENT

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2002-2003

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

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 _

PH Plant Bh:

Enud Barka Typed or Printed Name of General Partner Signing Form

April 22, 2003

(818) 206-0360 Telephone Number

CR2E039 (10/02)