PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT	LORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	SECRETARY OF STATE DIVISION OF COMPORATIONS 06 JUN 27 AM 8: 57		
DOCUMENT# 7900	000 569	1		
1. Name of Limited Partnership Skibo tamily Limited Pantnership				
2. Principal Office Address 3. Mailing Office Address 12/03/49/ess Norklakes Suite, Apt. #, etc. Suite, Apt. #, etc.			CR2E039 (11/05)	
Fity & State A A A A A A State		4. Date Formed or Registered To Do Business in Florida 5. FEI Number	24/1998 Applied For	
20 32137 Country US	1976SS X 200 17433 US	6. CERTIFICATE OF STATUS DESIRED	Not Applicable \$8.75 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent 7. FEES:				
Name CHARLES M. SKI, bo		Filling Fee(s): \$411.25 for each year due this office.		
Street Address (P-Q Box Number is Not Adeptable) Supplemental Fee(s): \$88.75 for each year due this office			r each year due this office.	
Suite, Apt. #, Etc.		Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records		
City (a/m Coast	State 32/37			
9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, 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.				
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	
Strategie Enterprisas and Communications Inc	15 Quenue delamicR	1 Allm Coat 41 32139	V14538	
		7000770 07/05/0501061	195077 009 **2000.00	
		EMETATEME	W 03-06	
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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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 respired by chapter 620, Florida Statutes. SIGNATURE DATE				
Typed or Printed Name of General Partner Signing Form CARLES MSK, bo Telephone Number 2812138336				

SKIBO FAMILY LIMITED PARTNERSHIP 12103 CYPRESS CREEK LAKES DRIVE CYPRESS, TEXAS 77433 281 213 8336

May 17, 2006

Florida Department of State Secretary of State Division of Corporations Attn: Partnership Section P. O. Box 6327 Tallahassee, Fl 32314

RE: Document # A9800000569

Gentlemen:

Enclosed is a Partnership Reinstatement form for The Skibo Family Limited Partnership (A9800000569) and a check in the amount of \$2,000. I am requesting to be reinstated for the years 2003 thru 2006. Also, please note that I have updated our addresses.

I am also requesting that the Penalty Fees be waived as I was in several different locations during the time frame of 2003 thru 2005 and did not receive the notices. Also, I thought that my accountants were filing the Annual Reports when they filed the Intangible Tax Returns. This miscommunication resulted in the reports not being filed. I would very much appreciate your consideration in this matter.

Very truly yours,

Charles M. Skibo,

President

Strategic Enterprises and Communications, Inc., General Partner