PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERS REINSTATEM	HIP (FLORIDA DEPAR Katherin Secretan DIVISION OF C	e Harris y of State	ATE !	FILED SECRETARY OF STA DIVISION OF CORPORA OO NOV 16 AM 11:	TIONS	\cap	
DOCUMENT # A 48 - 60 TECHNOLOGIES PARTNERSHIP, LTD.							J	
					REINSTATEMENT 2000			
2. Principal Office Addr	ess .	3. Mailing Office Address			4. Date Formed or Registered			1
2700 INTERSTATE DRIVE					To Do Business in Florida			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number 59-350987 /			
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED		Additional Fee required Certificate of Status	į	
LAKELAND, FL					7a. Capital Contributions as shown or	Record:	<u>.</u>	1
Zip	Country	Zip	Country		3,000,000.00	r record.		1
33805					76. Amount of Capital Contributions in	FLORIDA	to date:	1
8. Name and Address of Current Registered Agent					408.165			
Name TARRELL ALBERT M. Street Address (P.O. Box Number is Not Acceptable)					1.) Filling 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.			
2700 INTERSTATE DRIVE					Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.			
Suite, Apt. #, Etc.					3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.			
City LAKELAND		State Zip Code FL 35805			Note: If the amount entered in 7b is 7a, a supplemental affidavit must be and appropriate filing fee.			
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statuted, 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 agont, 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 for ida Statutes.								CR2E039 (9/00)
Elst to Vinik					0/0/00 VIEW			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY								1
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.								
10. Name(s) of G	General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	10a.	Registration Document Number	ı
ADVANCED FLOW TECHNOLOGIES INC		2700 INTERSTATE DRIVE		LAK	LAKELAND FL 33805		04° 20 650	1
•					8000034564884 -12/12/0001024013 ***1026.25 ***1026.25			
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner								1
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 now Onplies ce 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 true.								
SIGNATURE AND MANAGEMENT SIGNATURE					DATE ///10/00			
Typed or Printed Name of 6	Seneral Patner Signing Form				Telephone Number			-1