A98000000987

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000190708 3)))

H06000190708ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

Please file 2nd
The GP Gami Oceanfront Inc.
is reinstating.

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

Susie Knight ext 2256

REINSTATEMENT 03,04,05,06,

RECEIVED
06 AUG -2 AM 10:28
DIVISION OF CORPORATION

LP/LLLP REINSTATEMENT

GAMI OCEANFRONT LIMITED PARTNERSHIP I

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$4,000.00

FILED
06 AUG -2 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

N. Culligan AUG 3 - 2006

H06000190708 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 AUG -2 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A98000000987

1. Name of Limited Partnership

Gami Oceanfront Limited Partnership I

2. Principal Office Address
c/o Litman Gerson LLP

Suite, Apt. #, etc.
500 W.Cummings Pk., #4900

City & State
Woburn, MA

Zip: 01801 County:

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip: County:

CR2E032 (11/05)

4. Date Formed or Registered To Do Business in Florida: 4/22/98

5. FEI Number: 65-0829917 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee for a Certificate of Status

7. FEES:
Filing Fee(s): $411.25 for each year due this office.
Supplemental Fee(s): $68.75 for each year due this office.
Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records

8. Name and Address of Current Registered Agent

Jane C. Rankin, Esquire, c/o Kubicki Draper
One East Broward Boulevard
Suite 1600
Fort Lauderdale FL 33301

8. Pursuant to the provisions of section 620.1010 or 620.1020, Florida Statutes, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE 7-19-06
(REGISTERED AGENT MUST SIGN)

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
Gami Oceanfront, Inc.	c/o Litman Gerson LLP 500W. Cummings Pk , #4900	Woburn, MA, 01801	L98000000604

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 true and that this entity does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify that I am a General Partner of the limited partnership named or the authorized representative of a general partner thereof as required by Chapter 620, Florida Statutes.

SIGNATURE X Dinesh Patel DATE X 7/21/2006

Type or Printed Name of General Partner Signing Here: Dinesh Patel, Pres. of Gami Oceanfront, Inc., Gen. Ptr. Telephone Number: 781-933-9660