APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



## FLORIDA DEFARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

99 HAY -3 PM 12: 24

DOCUMENT #

A98000001958

Name of Limited Partnership

ENTERPRISES,	LTD.	DO NOT WRITE	IN THIS SPACE		
3. Principal Office Address		4. Date Formed or Registered			
2450 S.W. 137 Ave. 2460 S.W. 137		Ave. 0/19/90			
1 .			Applied For		
<b>+</b>		65-0871090	Not Applicable		
1	orida				
7 p	Country	CERTIFICATE OF STATUS DESIR	ED S8 75 Additional Fee required for a Certificate of Status		
33175	USA	7. State or Country of Formation	Florida		
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 gue 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.					
egistered Agent		10. If changed, new registered a	agent/office		
<u> </u>	Name				
A&P Registered Agent, Inc. 2450 S.W. 137th Avenue Suite 226 Miami, Florida 33175		oute. Apt. #. etc  FL Zip Code			
gistered agent, or both, in the St of section 620-192, Florida Statut	ate of Florida, Such cha es	nge was authorized by its general partner(s). Thereb	y accept the appointment of registered		
		City. State and Zip Code	11a. Registration Document Number		
2460 S.W. 1 Suite 238	37 AVenue		P98000033495		
		~05/10/	9901140003 0.50 ****160.50		
	3. Principal Office Addres 2460 S.W. Suite Apt #. etc. Suite 238 City & State MTami, Fl. 7:p 33175  FEES:1.) Filing Feet; \$437.50, fo 2) Supplemen 3) Penalty Feet If the amount ente appropriate filing for the section 620 192, Florida Statut  SA CORPORATI BE REGISTERE  Address of Each C (Do NOT Use Post Of	2460 S.W. 137 AVE  Suite Apt M. etc.  Suite 238  City & State  MIami, Florida  Zip  33175 USA  FEES:1.) Filing Fee(s): Computed at a rate of \$437.50, for each year due this office 2) Supplemental Fee(s): \$88.75 for each 3) Penalty Fee(s): \$500 penalty fee for Note If the amount entered in 8b is greater than appropriate filing fee.  Registered Agent  Name  Street Additional Statutes, the above-named limited parting gratered agent, or both, in the State of Florida Such charof section 620 192, Florida Statutes  S A CORPORATION, LIMITED BE REGISTERED AND ACTIVE Address of Each General Partiner (Do NOT Use Post Office Box Numbers)	3. Principal Office Address 2460 S.W. 137 Ave. Suite Apt #. etc Suite 238 Cay & State MTami, Florida Zip 33175 USA 7. State or Country of Formation FEES:1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 80, with a minimus 4347 50, for gach year due this office. 2) Supplemental Fee(s): \$500 penalty fee for each year due this office, beginning with 1992 calendar y 3). Penalty Fee(s): \$500 penalty fee for each year general files, see appropriate filing fee.  Registered Agent 10. If changed, new registered a partner shape of 392. Florida Statutes, the above-named limited partnership organized or registered under the laws of the gistered agent, or both, in the State of Florida Such change was authorized by its general partner(s). I herebol section 620 192. Florida Statutes  STACE ADDRESS PROPRIES PROPRIES PROPRIES Address of Each General Partner (Do NOT Use Post Office Box Numbers)  City State and Zip Code  Miami, FL  Suite 238  1. CICILICA  Miami, FL  Suite 238  1. CICILICA  1. CICI		

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

12.	t do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Fiorida Static Corporations from any liability of non-compliance with Section 119 87(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify it true and accurate any final my stor alure shalf have the same logal effects as if made under oath. I further certify that I am a General Partner of the enpowered to execute this report is the juried by chapter 620 sortida Statutes.	tes Trelease t	ne Division of
	Corporations from any liability of non-corp fance with Socion 119 \$7(3)(k) in the event trial the information supplied is deemed exempt from public access. I further ce	tily that the inl	ormation indicated or
	his annual report is true and accurate and that physical ature shall have the same legal effects as it made under oath. I further certify that I am a General Partner of the I	r¶ted partners	hip receiver or truste
	empowered to execute this report of fell lired by chapter 620 forida Statutes	1.	ĺ

SIGNATURE

Typed or Printed Name of General Partner Signing Form Alvaro L. Adrian

Telephone Number (EDS) 22 (- 1515

CR2E039 (12/98)