2006 LIMITED PARTNERSHIP REINSTATEMENT

FILED
06 NOV -3 PM 5:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A99000000026

1. Entity Name
THE NOWAK FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
C/O JOEL NOWAK, FINCH REALTY 55 CENTRAL AVENUE FARMINGDALE, NY 11735	C/O JOEL NOWAK, FINCH REALTY 55 CENTRAL AVENUE FARMINGDALE, NY 11735
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

10302006 REIN-LP CR2E100 (11/05)

4. FEI Number: 58-2432151 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NEWMAN, IRWIN
1515 PARKSIDE CIRCLE SOUTH
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. Pursuant to the provisions of section 620.1610 or 620.1609, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE X [signature] 10/30/06
Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN) DATE

FILE NOW!!! FEE IS $1000.00
After January 1, 2007, Fee will be $2000.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F99000000093	STREET ADDRESS	
NAME	NOWAK, INC.		
STREET ADDRESS	55 CENTRAL AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	FARMINGDALE, NY 11735		
DOCUMENT #		STREET ADDRESS	700081827897 11/08/06--01027--020 **1000.00
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NAME			
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing 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; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: X [signature] 10/30/06 631-249-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #