

2007 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A99000000055		
1. Entity Name RAHWAY GROUP, LTD.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 14 PM 1:50

Principal Place of Business 1221 BRICKELL AVE. - 22 FL C/O PAUL BERKOWITZ, ESQ. MIAMI, FL 33131 US	Mailing Address 1221 BRICKELL AVE. - 22 FL C/O PAUL BERKOWITZ, ESQ. MIAMI, FL 33131 US
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2. Principal Place of Business - No P.O. Box # 100 Edgewater Dr Suite, Apt. #, etc. 8C	3. Mailing Address 60 Edgewater Dr Suite, Apt. #, etc. 8C
City & State Coral Gables FL	City & State Coral Gables FL
Zip 33133	Country USA
Zip 33133	Country USA



11052007 REIN-LP CR2E100 (1/07)

4. FEI Number 65-0886040	Applied For Not Applicable
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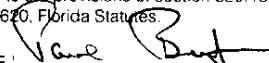
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERKOWITZ, PAUL ESQ C/O GREENBERG TRAURIG, P.A. 1221 BRICKELL AVENUE MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name	
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Street Address (P.O. Box Number is Not Acceptable)
60 Edgewater Dr
8C
Coral Gables FL 33133

8. 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: 

11/7/07

DATE

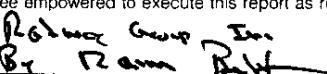
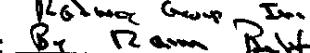
FILE NOW!!! FEE IS \$500.00
After January 1, 2008, Fee will be \$1000.00

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000106236 RAHWAY GROUP, INC. 22603 CAMINO DEL MAR BOCA RATON, FL 33433	STREET ADDRESS CITY-ST-ZIP	60 Edgewater Dr, 8C Coral Gables, FL 33133
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	-
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500112282645 11/14/07-01022-025 ***\$500.00
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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: 

11/7/07

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE