

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB -8 AM 11:00

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A99000000493

1. Name of Limited Partnership

Sebring Hotel Venture No. 1 Limited Partnership

2. Principal Office Address

247 SW 8th Street

3. Mailing Office Address

247 SW 8th Street

Suite, Apt. #, etc.

#138

Suite, Apt. #, etc.

#138

City & State

Miami, FL

City & State

Miami, FL

Zip

33130

Country

USA

Zip

33130

Country

USA

CR2E039 (11/05)

4. Date Formed or Registered
To Do Business in Florida

03/26/1999

5. FEI Number

NONE

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Chad Hankin

Street Address (P.O. Box Number is Not Acceptable)

247 SW 8th Street

Suite, Apt. #, Etc.

#138

City

Miami, FL

State

FL

Zip Code

33130

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records

9. 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 (Registered Agent Accepting Appointment)

[Signature]
(REGISTERED AGENT MUST SIGN)

DATE

2/6/06

**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)

Sharkin Enterprises, Inc.

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

247 SW 8th Street, #138

City, State and Zip Code

Miami, FL 33130

10a. Registration
Document Number

P98000083164

400066813614
02/28/06--01025--024 **7000.00

REINSTATEMENT 2000-06

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 voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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 report as required by chapter 620, Florida Statutes.

SIGNATURE

[Signature]

DATE

2/6/06

Typed or Printed Name of General Partner Signing Form

CHAD ANDREW HANKIN

Telephone Number

786 385 4333