## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

والمناور المراور
LIMITED
PARTNERSHIP
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

00 NOV 17 AM 11: 05



A 9900000 1030 DOCUMENT #

1. Name of Limited Partnership

Kruse Enterprises, LTD

100003487651--5 -12/05/00--01065--001 \*\*\*\*141.25 \*\*\*\*141.25

Clo U.S. Airmotive	e Holdings	Inc _			
2. Principal Office Address	3. Mailing Office Address		4. Date Formed or Registered		
5439 NW 36th St.			To Do Business in Florida		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number	Applied For	
			6. 65-0938054	Not Applicable	
City & State	City & State		OF DITIFICATE OF STATUS DESIDED	Additional Fee require Certificate of Status	
Miami Springs FL		- 11	7a. Capital Contributions as shown on Record:		
Zip Country	Zip	Country	Capital Contributions as shown on Necord.		
33166 USA			7b. Amount of Capital Contributions in FLORIDA	to date:	
8. Name and Address of	Current Registered Agen	ıt ·			
Name And I Vice a			FEES:		
: Anthony E Bruse			Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52,50 and a maximum of \$437.50,		
Street Address (P.O. Box Number is Not Acceptable)  (10 U.S. Air Motive, Holdings			for each year due this office.  2.) Supplemental Fee(s): \$88.75 for each year due to	his office, beginning	
Suite, Apt. #, Etc.			with 1992 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.		
5439 - NW 36th ST			Note: If the amount entered in 7b is greater than amount entered in		
Miami Spring	State FL	33166	7a, a supplemental affidavit must be submitted a and appropriate filing fee.	long with a separate	
<ol> <li>Pursuant to the provisions of sections 620, 1051 and 620 for the purpose of changing its registered office or regist</li> </ol>	.192, Florida Statutes, the above	e-named limited partnership orga	anized or registered under the laws of the State of Florida, su	ubmits this statement	

SIGNATURE (Registered Agent Accepting Appointment)

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				
Antro, Inc	5439 NW 36#9.	Miami Springs, FL 33166	P99000051192				
_	}		1				

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 exemption stated in Section 119.07(3)(i), Florid	a Statutes. I release the Division of
	Corporations from any liability of non-compliance with Section 119,07(3) in the event that the information supplied is deemed exempt from public access 1 furl	ther certify that the information indicated
	on this annual report is true and accurate and that my signature stall true the same legal effects as if made under oath. I further certify that I am a General Part.	ner of the limited partnership, receiver or
	trustee empowered to exempte this Apost as required by chapte 626, Florida Statutes.	
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SIG		· · · · · · · · · · · · · · · · · · ·

Typed or Printed Name of General Partner Signing Form