

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**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

DOCUMENT # A 99000001030

1. Name of Limited Partnership

Kruse Enterprises, LTD

1.00003487651--5
-12/05/00--01065--001
****141.25 ****141.25

2. Principal Office Address

5439 NW 36th St.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc. Same

City & State

Miami Springs FL

City & State

Zip

33166

Country

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

Anthony E. Kruse

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

40 U.S. Airmotive Holdings

Suite, Apt. #, Etc.

5439 NW 36th ST

City

Miami Springs

State

FL

Zip Code

33166

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) X Anthony E. Kruse

DATE

10-30-00

**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)

Antro, Inc

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

5439 NW 36th ST.

City, State and Zip Code

Miami Springs, FL
33166

10a. Registration Document Number

P9900005792

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), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 X Anthony E. Kruse

DATE

10-30-00

Typed or Printed Name of General Partner Signing Form

Telephone Number