2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 21 AM 9:18

DOCUMENT # A99000001251

1. Entity Name
H & C HOOSHMAND LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
1255 37 STREET, SUITE B VERO BEACH, FL 32960	1255 37 STREET, SUITE B VERO BEACH, FL 32960

02162005 REIN-LP CR2E100 (6/04)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FE Number
65-0948481
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOOSHMAND, HOOSHANG
1255 37 STREET, SUITE B
VERO BEACH, FL 32960

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. $5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 5,000,000.00

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 #	P99000067234	STREET ADDRESS	
NAME	HOOSHMAND MANAGEMENT CORP.	CITY-ST-ZIP	REINSTATEMENT 04-05
STREET ADDRESS	1255 37 STREET, SUITE B		
CITY-ST-ZIP	VERO BEACH, FL 32960		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	900049168309 03/25/05 01000 015 **2052.50
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #