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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)521-1030

## LIMITED PARTNERSHIP REINSTATEMENT

KOVI ENTERPRISES, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$2,052.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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TALLAHASSEE, FLORIDA

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LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A99000001729

1. Name of Limited Partnership

Kovl Enterprises, Ltd

2. Principal Office Address

2645 South Bayshore Drive

Suite, Apt. #, etc.  
1501

City & State

Miami, Florida

Zip

33133

County

USA

3. Mailing Office Address

2645 South Bayshore Drive

Suite, Apt. #, etc.  
1501

City & State

Miami, Florida

Zip

33133

Country

USA

4. Date Permitted to Do Business in Florida

10/22/1999

5. FEI Number

65-0957601

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Not to be confused with a Certificate of Status

7A. Capital Contributions as shown on Report:

\$2,000,000

7B. Amount of Capital Contributions in FLORIDA to date:  
\$2,000,000

8. Name and Address of Current Registered Agent

NAME

AGI Registered Agents

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

1200 Brickell Avenue

Suite, Apt. #, etc.

Suite 900

City

Miami

State

FL

Zip Code

33131

9. Pursuant to the provisions of sections 882.001 and 882.002, Florida Statutes, of any limited partnership organized or registered under the laws of the State of Florida, submit this statement for the purpose of changing its registered office or registered agent, or both, to 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 882.002, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

*[Signature]*, President AGI Registered Agents, Inc. 1/22/03

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 Number)	City, State and Zip Code	10a. Registered Agent's Number
Victoria De La Rosa	2645 South Bayshore Dr. Suite 1501	Miami, Florida 33133	

REINSTATEMENT 2002-2003  
(BR) (C)

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 furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(c) in the event that the information supplied is deemed exempt from public access. I further certify that the information disclosed on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, partner or trustee empowered to execute the report as required by Chapter 882, Florida Statutes.

SIGNATURE

*[Signature]*

DATE

1/22/02

Typed or Printed Name of General Partner Signing Form

Victoria De La Rosa

Telephone Number

(305) 860-9337