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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		3. Mailing Office Address 2645 South Bayshore Drive Suite, Apt. #, etc. 1501 City & State Miami, Florida Zip 33133		4. Date Partner or Registered To Do Business in Florida 10/22/1999	
Country USA		Country USA		5. FEI Number 65-0957601	
Applied For Net Applicable		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>All fee reductions are applied to a Certificate of Status</small>			
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

FEES

1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amounts entered in 7b, with a minimum filing fee of \$62.00 and a maximum of \$437.50, for each year due this office.

2) Supplemental Fee(s): \$20.75 for each year due this office, beginning with 1992 calendar year.

3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 602.10(1) and 602.12, 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, 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 602.12, 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 Opponent 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 602, 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