2006 LIMITED PARTNERSHIP REINSTATEMENT

FILED
Nov 22, 2006 8:00 A.M.
Secretary of State

DOCUMENT # A99000002247

1. Entity Name
ARCON PROPERTIES, LLP

Principal Place of Business	Mailing Address
411 SHORECREST DRIVE TAMPA, FL 33609	411 SHORECREST DRIVE ~~TAMPA, FL 33609~~

10312006 REIN-LP CR2E100 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO BOX 600
City & State	City & State COLEMAN, FL
Zip / Country	Zip 33521 / Country USA

4. FEI Number 59-3614344 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HINES, JAMES P ESQUIRE C/O HINES NORMAN & ASSOCIATES, P.L. 315 SOUTH HYDE PARK AVENUE ~~TAMPA~~, FL 33606	Name FRANK B. ARENAS, ESQ. Street Address (P.O. Box Number is Not Acceptable) 2327 TAYLOR AVE. PO BOX 600 City COLEMAN FL Zip Code 33521

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE _____ 11/16/06
Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN) DATE

FILE NOW!!! FEE IS $500.00
After January 1, 2007, Fee will be $1000.00

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 #		STREET ADDRESS	12/01/06--01043--021 **450.00
NAME	ARENAS, BERNARDO F JR.	CITY-ST-ZIP	
STREET ADDRESS	411 SHORECREST DRIVE		
CITY-ST-ZIP	TAMPA, FL 33609		
DOCUMENT #		STREET ADDRESS	10/20/06- 01003-014- #50.00
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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Bernardo F. Arenas Jr. 11/13/06 813-251-8070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone