	PLEASE RE D							)/4		)
LIMITED PARTNERSHIP REINSTATEMENT					FILED 02 MAR 20 PM 3: 26					
DOCUMEN 1. Name of Limited Part MHK ENT		TALLAHA	AEY.O. ISSEE	FM 3: 26 FSTATE FLORIDA		entered ts7.50, inning elinouent ed in barate stement pistered 9 9				
	,	C	1/28/01							
2. Principal Office Addre 1240 N.W.		3. Mailing Office Address 1240 N.W. 57 Avenue			4. Date Fo To Do B	rmed or Regis usiness in Flo	tered ( rida	01/25/2000		1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Nun	<sup>1,ber</sup> - 08	522	ମ <u>କ</u> ⊢–∔	pplied For Not Applicable	
City & State Pembroke	Pines, FL	City & State Pembroke Pines, FL					=		al Fee require ate of Status	d
<sup>Zip</sup> 33028	Country USA	<sup>Zip</sup> 33028	Country		\$10	0,000.00	<u> </u>	in FLORIDA to date:		
	8. Name and Address of	Current Registered Agen	t			.000.00				
Jonathan	. Feuerman				1) Filion Fee	e(s): Computed	FEE at a rate of		ount entered	
Street Address (P.O. Box Number is Not Acceptable) One SE Third Avenue					<ol> <li>Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for <u>each year due</u> this office.</li> <li>Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning</li> </ol>					
Suite, Apt. #, Etc. Suite 2400					with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent</u> .					
City Miami State Zip Code 33131					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.					
for the purpose of char	ons of sections 620.1051 and 620 nging its registered office or regis th, and accept the obligations of s	ered agent, or both, in the St	ate of Florida. Such chan	arship org ge was au	anized nengistere uthoosed by its get	d under the law neral partner(s)	/s of the Stat I hereby ac	cept the appointment	of registered	2E039 (9/01)
	gent Accepting Appointment			$\mathbf{V}$			_ DATE	3/14/20		Е
A GENERAL	PARTNER THAT IS MUST	BE REGISTER	D AND ACTI	PAR /E WI	TH THIS	OFFICE	THER			
10. Name(s) of G	ieneral Partner(s)		h General Partner Office Box Numbers)		City, Stat	e and Zip Code	<del>,</del> 	10a. Reg Docum	istration ent Number	
MHK Ente	rprises Corp.	1240 NW 157	Avenue	Pem	broke 33028	Pines,	$\mathbf{FL}$	F00000000	449	
			R.	K	۲ ۲					
						3000	305	13691		1
	new	STATEM	ENT 20	01-	-200	2		BX	Ĵ	
Note: General p	partners MAY NOT b	e changed on thi	s form; an ame	ndme	ent must l	be filed to	chang	e a general p	artner.	
on this annual report	nat the information supplied with the ny liability of non-compliance with t is true and accurate and that my to execute this report as required	signature snall nave the sam	ie legal effects as it made	r the exer supplied is a under oa	inpolistated in Se s deednexempt f ath. Ither certify	ction 119.07(3) rom public acco that I am a Gen	(i), Florida S ess. I further eral Partner	tatutes. I release the C certify that the inform of the limited partners	livision of ation Indicated hip, receiver or	1
SIGNATURE		#	· <del>_</del> ·			D	ATE	3-14-2		ļ
Typed or Printed Name of G	enerar Partner Signing Form	Quenni King, Enterprises	Treasurer	for	MHK			4) 436-90	05	l
	/	-meetvillaes	SOLDIN Gene		- ur enc.					1

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s G	300000	0000 14	O2 MAR 20 P
	ACCOUNT NO.	: 07210000032	
	REFERENCE	: 478616 713558	3:26 LORIDA
	AUTHORIZATION	Pt-	
	COST LIMIT	= \$ 826.25	quits
ORDER DATE	: March 18, 2002	\$ 1,326.25	
ORDER TIME	: 11:49 AM		
ORDER NO.	: 478616-025	,	
CUSTOMER NO	: 7135588		
CUSTOMER:	Jonathan Feuerman, Es Therrel Baisden, P.a. Suntrust Internations One S.e. 3rd Ave. Sub Miami, FL 33131	al Center	REC 02 MAR Departy Division of Tallaha
	EIVED		
NAME	: MHK ENTERPRISES	5, LP	TE 53
XX REINS	TATEMENT		

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 XX
 CERTIFICATE OF GOOD STANDING

BK 3

CONTACT PERSON: Deborah Schroder EXAMINER'S INITIALS