

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 FEB -9 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000137065

1. Corporation Name

partCA Group Inc.

700143172457
02/09/09--01040--003 **467.50

2. Principal Office Address - No P.O. Box #

1901 60th Place

3. Mailing Office Address

1901 60th Place

Suite, Apt. #, etc.

Suite L 3604

Suite, Apt. #, etc.

Suite L3604

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34203

Country

USA

Zip

34203

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/04/2004

5. FEI Number
204397775

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Maybach & Partners LLC

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

444 Brickell Ave.

Suite, Apt. #, Etc.

Suite 51103

City

Miami

State

FL

Zip Code

33131

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 02/02/2009

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P | Maybach & Partners LLC | 444 Brickell Ave, Suite 51103 | Miami, FL 33131 |
| | | | |
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Christian Galetzka

02/02/2009

305-200-8614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB 10 2009