

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE KATHY HUNT Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 24 1:55 99 AUG 28 PM 1999	
DOCUMENT # A17150		DO NOT WRITE IN THIS SPACE			
1. Name of Limited Partnership PERDIDO BAY PARTNERSHIP, A LOUISIANA LIMITED PARTNERSHIP		3. Principal Office Address 11813 Chanticleer Dr.		4. Date Formed or Registered To Do Business in Florida	
2. Mailing Address P.O. Box 13266		Suite, Apt. #, etc.		5. FEI Number 59-2255537	
City & State PENSACOLA FL		City & State Pensacola, FL 32507		Applied For Not Applicable	
Zip 32691		Zip 32507		Country USA	
8a. Capital Contributions as Shown on Record 1000.00		FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.60 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 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 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
8b. Amount of Capital Contributions in FLORIDA to date 1000.00		7. State or Country of Formation Louisiana		9. Name and Address of Current Registered Agent CHARLES D. LACOUR 11813 Chanticleer Dr. PENSACOLA, FL 32507	
10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) 800002975268--2 Suite, Apt. #, etc. -08/31/99--01087--001 City ***4497-50 ***4497-50 FL		10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits 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 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) <u>Charles D. Lacour</u> DATE <u>8/23/99</u>					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Names of General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	
Charles Lacour		11813 Chanticleer		Pensacola, FL 32507	
Bernard Mason, Jr		1417 Valance St.		New Orleans, LA	
REINSTATEMENT 1993-1999 (b)(7) (C)		11a. Registration Document Number			
PENALTY - \$ 3,500.00 APR - 367.50 APR SUPP - 621.25 CUS - 8.75 \$4497.50		Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE <u>Charles D. Lacour</u>		TYPED OR PRINTED NAME OF GENERAL PARTNER SIGNING FORM Charles D. Lacour		DATE <u>8/23/99</u> TELEPHONE NUMBER <u>850-432-1411</u>	

CR12E039 (1/2/98)