


# A30459

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 98 SEP 28 PM 2:49

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
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<b>DOCUMENT # A30459</b> 1. Name of Limited Partnership  <p style="text-align: center;"><b>CARTER COMMERCE CENTER 2, LTD.</b></p>	DO NOT WRITE IN THIS SPACE.
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<b>2. Mailing Address</b> <b>501 East Jackson Street</b> <small>Suite, Apt. #, etc.</small>	<b>3. Principal Office Address</b> <b>501 East Jackson Street</b> <small>Suite, Apt. #, etc.</small>	<b>4. Date Formed or Registered To Do Business in Florida</b>	
<small>City &amp; State</small> <b>Orlando, Florida 32801</b>	<small>City &amp; State</small> <b>Orlando, Florida 32801</b>	<b>5. FEI Number</b> <b>59-3024147</b>	<small>Applied For</small> <input type="checkbox"/>
<small>Zip</small> <b>32801</b>	<small>Country</small> <b>USA</b>	<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>	<small>Not Applicable</small> <input type="checkbox"/>
<b>8a. Capital Contributions as Shown on Record.</b> <b>\$11,400.00</b>	<b>8b. Amount of Capital Contributions in FLORIDA to date.</b> <b>\$11,400.00</b>	<b>7. State or Country of Formation</b> <b>Florida</b>	<small>\$175 Additional Fee required for a Certificate of Status</small>

**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 \$52.50 and a maximum of \$437.50, for each year due this office.
- 2.) Supplemental Fee(s): \$103.75 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.

<b>9. Name and Address of Current Registered Agent</b>  <b>SCHIEFERDECKER, HOWARD A.</b> <b>501 East Jackson Street</b> <b>Orlando, Florida 32801</b>	<b>10. If changed, new registered agent/office</b> <small>Name</small> <small>Street Address (P.O. Box Number Is Not Acceptable)</small> <small>Suite, Apt. #, etc.</small> <small>City</small>
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**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) \_\_\_\_\_ DATE \_\_\_\_\_

**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	11a. Registration Document Number
<b>ARGIS INVESTMENTS, INC.</b>	<b>1047 McKean Circle</b>	<b>Winter Park, FL</b>	<b>L28441 ✓</b>
<b>SDP INVESTMENTS, INC.</b>	<b>501 E. Jackson Street</b>	<b>Orlando, FL</b>	<b>L28451 ✓</b>
<b>SOS REALTY CORP.</b>	<b>51 Main Street</b>	<b>Essex, CT</b>	<b>L79712 ✓</b>
<b>STOLLER NORTHSTAR, INC.</b>	<b>3821 West State Road</b>	<b>Sanford, FL</b>	<b>K72705</b>

OVERPAYMENT 54.00  
 PENALTY 1,000.00  
 AR 239.40  
 AR SUP 266.25  
 OVB 8.75  
**\$1,568.40**

**REINSTATEMENT 1997-1998**

(MK) (005)

# 1999 AR

**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 \_\_\_\_\_ DATE **9/18/98**  
**Howard A. Schieferdecker** **407-843-1862**

CR2E039 (1/97)