

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
San Francisco
Secretary of State
DIVISION OF CORPORATIONS

A9500000460

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUN 18 PM 2:29

DOCUMENT # A9500000460

1. Name of Limited Partnership

DMS Enterprises Limited Partnership

DO NOT WRITE IN THIS SPACE.

2. Mailing Address
c/o Joel D. Spungin

3. Principal Office Address
DMS Enterprises Limited Partnership

4. Date Formed or Registered
in Business in Florida March 22, 1995

Suite, Apt. #, etc.
3041 Burgundy Drive

Suite, Apt. #, etc.
3041 Burgundy Drive

5. FEI Number
65-0567613

Applied For
Not Applicable

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

Zip Country
33410 U.S.A.

Zip Country
33410 U.S.A.

7. State or Country of Formation Florida

8a. Capital Contributions as Shown
on Record:
\$1,000

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.

8b. Amount of Capital Contributions in
FLORIDA to date:
\$1,000

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

CT Corporation System
1200 S. Pine Island Road
Plantation, Florida 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

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) Connie Bryan **CONNIE BRYAN** SPECIAL ASSISTANT SECRETARY DATE 6/18/97

**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

DMS Enterprises, L.C.

3041 Burgundy Drive

Palm Beach Gardens, FL 33410
195000000103

REINSTATEMENT

80000218828--0
-06/20/97--01099--020
****656.25 ****656.25

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 6/11/97

Typed or Printed Name of General Partner Signing Form

DMS Enterprises, L.C. by Joel D. Spungin

Telephone Number 561-626-9617

CR2E039 (1/97)

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

CORPORATION(S) NAME

MS Enterprises Limited Partnership

- RECEIVED
JUN 19 11:57 AM '97
DIVISION OF CORPORATION
- | | | |
|--|---|---|
| ☐ Profit | ☐ Amendment | ☐ Merger |
| ☐ Non Profit | | |
| ☐ Limited Liability Company | ☐ Dissolution/Withdrawal | ☐ Mark |
| ☐ Foreign | | |
| ☐ Limited Partnership | ☐ Annual Report | ☐ Other |
| ☒ Reinstatement | ☐ Reservation | ☐ Change of R.A. |
| ☐ Limited Liability Partnership | ☐ Photo Copies | ☐ Fictitious Name |
| ☐ Certified Copy | | ☐ CUS |
| ☐ Call When Ready | ☐ Call if Problem | ☐ After 4:30 |
| ☒ Walk In | ☐ Will Wait | ☒ Pick Up |
| ☐ Mail Out | | |
- APR 5 - 460

Name	
Availability	CR 6-18
Document Examiner	CR
Updater	CR
Verifier	CR
Acknowledgment	CR
W.P. Verifier	CR

6/18/97

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED