

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP

A96000002049



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY 28 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE.

DOCUMENT # **A96000002049**

1. Name of Limited Partnership
THE SNOWWONS LIMITED PARTNERSHIP

2. Mailing Address **/o ROBERT M. SNOW
1121 CRANDON BLVD, D602**

3. Principal Office Address
SAME

4. Date Formed or Registered
To Do Business in Florida **NOVEMBER 5, 1996**

Suite, Apt #, etc.

Suite, Apt. #, etc.

5. FEI Number
65-0708104

City & State
KEY BISCAIYNE, FL

City & State

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

Zip Country
33149 USA

Zip Country

7. State or Country of Formation **FLORIDA**

8a. Capital Contributions as Shown on Record: **872,864** *S.A. filed 5-28-98*

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): \$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.

8b. Amount of Capital Contributions in FLORIDA to date:
872,864

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.

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

**ROBERT M. SNOW
1121 CRANDON BLVD, D602
KEY BISCAIYNE, FL 33149**

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) _____ 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
ROBERT M. SNOW	1121 CRANDON BLVD. D602	KEY BISCAIYNE, FL 33149	400002540864--8 -05/28/98--01104--001 ***1405.04 ***1035.00

REINSTATEMENT *AS*
cus ok 5-28-98

*FF \$1026.75
CUS \$8.75*

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 *Robert M. Snow*
ROBERT M SNOW

DATE **May 15 '98**
Telephone Number **516-298-0072**

CR2E039 (12/97)