

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY -1 PM 1:13

DOCUMENT # A97000002217

1. Name of Limited Partnership
MID-CAPE, LTD.

DO NOT WRITE IN THIS SPACE.

2. Mailing Address
c/o LEVAN ASSET MANAGEMENT CORP.

Suite, Apt. #, etc.
2159 ANDREA LANE, D-4

City & State
FT. MYERS, FL

Zip Country
33912 USA

3. Principal Office Address
c/o LEVAN ASSET MANAGEMENT CORP.

Suite, Apt. #, etc.
2159 ANDREA LANE, D-4

City & State
FT. MYERS, FL

Zip Country
33912 USA

4. Date Formed or Registered
To Do Business in Florida 10/14/97

5. FEI Number
65-0788266

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$875 Additional Fee required for a Certificate of Status

7. State or Country of Formation

8a. Capital Contributions as Shown
on Record \$ 158,400.00

8b. Amount of Capital Contributions in
FLORIDA to date: \$ 158,400.00

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 \$52.50 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.

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

LEVAN, TERRIS T.
2159 ANDREA LANE, UNIT D-4
FT. MYERS, FL 33912

10. If changed, new registered agent/office

Name
Street Address (P.O. Box Number Is Not Acceptable) 400002513524-1
Suite, Apt. #, etc. -05/06/98-01075-017
City *****500.00 *****500.00
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

K-L ENTERPRISES OF SOUTH FLO

2159 ANDREA LANE, D-4

FT. MYERS, FL 33912

P97000087646

400002513524-1
-05/06/98-01075-018
*****526.25 *****526.25

REINSTATEMENT

AS
CR 564

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

Typed or Printed Name of General Partner Signing Form

TERRIS T. LEVAN, PRESIDENT

Telephone Number

941-482-4580

CR2E039 (12/97)