PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT

DOCUMENT # B93000000041



Warmack-Muskogee Limited Partnership

FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS FILED

00 DEC 20 AN II: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT

1. Name of Limited Partnership

					,			
2. Principal Office Addr	ess	3. Mailing Office			4. Date Formed or Registered To Do Business in Florida 2/11/93			
650 Centra	ı <u>l Mal</u> l	650 Cer	al <u>Mall</u>					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. FEI Number	Applied For			
					75-2800665	Not Applicable		
City & State	City & State			CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee requirements for a Certificate of Status				
Texarkana,	Texas	Texarkar	na,	Texas	7a. Capital Contributions as shown on Recon			
tip	Country	Zip		Country	\$1,000.00	u.		
75503	USA	75503		USA `	7b. Amount of Capital Contributions in FLORIDA to date:			
	8. Name and Address o	f Current Registere	nt					
Name Bruce Abernethy, Jr. Breet Address (P.O. Box Number is Not Acceptable) 900 Virginia Avenue Suite, Apt. #, Etc. Professional Centre, #6					1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, 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.			
City	er concre, no		Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate					
Fort Pierce	2	1	34982	and appropriate filing fee.				
 Pursuant to the provisi for the purpose of char agent. I am familiar wit 	ons of sections 620.1051 and 620 nging its registered office or regis h, and accept the obligations of s	itered agent, or both, in	the Sta	te of Flonda. Such change was a	panized or registered under the laws of the State of Florid uthorized by its general partner(s). I hereby accept the a	da, submits this statement appointment of registered		
SIGNATURE (Registered Ag	gent Accepting Appointment)			TON VINITED DA				
A GENERAL	PARTNER THAT	IS A CORPO)KA)	HON, LIMITED PA	RTNERSHIP OR OTHER BUS	MILOS EIIIII		

MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.											
10. Name(s) of General Partner(s)			(D	Address of Each Ge o NOT Use Post Offic		City, State an	10a.	Registration Document Number			
Warmack	and	Company,	LLC	650	Central	Mall	Texarkana,	TX 75503	моо	000001325	
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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.

Partnershi
Warmack and Company MC, General Partner of Warmack-Muskogee Limited Partnership General Partner of Warmack-Muskogee Limited/ DATE 12/12/00 SIGNATURE BY: Telephone Number (903) 838-4000 Daniel Warmack, <u> Vice President</u> Typed or Printed Name of General Partner Signing Form