B95000000274

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 JUN 17 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # B 95000000274

1. Name of Limited Partnership

ACRON DAYTONA LIMITED PARTNERSHIP

2. Principal Office Address		**3.** Mailing Office Address	
1516 S. BOSTON		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 215			
City & State		City & State	
TULSA, OK			
Zip	Country	Zip	Country
74119	USA		

4. Date Formed or Registered To Do Business in Florida: AUGUST 1, 1995

5. FEI Number: 73-1476526 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record: 891,000

7b. Amount of Capital Contributions in FLORIDA to date: 891,000

8. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City	State	Zip Code
TALLAHASSE	FL	32301

FEES:

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.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. 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) _____ Brian Courtney Asst. V. Pres DATE 6/17/04

CR2E039 (10/02)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	**10a.** Registration Document Number
ACRON DAYTONA LLC	1516 S. BOSTON #215	TULSA, OK 74119	M 04000002312

800038048228
06/17/04--01037--010 **4105.00

800038048228
06/18/04--01001--002 **8.75

REINSTATEMENT 2001-2004

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 filing 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.

SIGNATURE GW DATE 6-15-04

Typed or Printed Name of General Partner Signing Form: Greg Wilson Telephone Number: 918-587-9901

CORPORATION SERVICE COMPANY

B9500000274

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TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 758183 4372398

AUTHORIZATION :

COST LIMIT : $ PPD

ORDER DATE : June 17, 2004

ORDER TIME : 12:26 PM

ORDER NO. : 758183-005

CUSTOMER NO: 4372398

BK

3V4AUW40764

CUSTOMER: Greg Alberty, Esq.
Riggs Abney Neal Turpen
502 W. 6th Street

Tulsa, OK 74119

REINSTATEMENT

@ File first

NAME: ACRON DAYTONA LIMITED PARTNERSHIP

RECEIVED
04 JUN 17 PM 2:51
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____