

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 JUL 16 AM 10:59

DOCUMENT # B9600000134

1. Name of Limited Partnership

Islands Restaurants, L.P.

DO NOT WRITE IN THIS SPACE

2. Mailing Address 101 North Acacia Avenue Suite, Apt. #, etc.		3. Principal Office Address 15 E. North Street Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida 4/19/96	
City & State Solana Beach, CA		City & State Dover, Delaware		5. FEI Number 33-0475521	
Zip 92075		Zip 19901		Applied For Not Applicable	
Country U.S.		Country U.S.		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. State or Country of Formation Delaware					

8a. Capital Contributions as Shown on Record \$1,000	<b>FEES:</b> 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 0	

9. Name and Address of Current Registered Agent Nationscorp Registered Agents, Inc. 526 E. Park Avenue Tallahassee, FL 32301	10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) Seneca Partners, Inc.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8440 Walnut Hill Lane Ste. 800	City, State and Zip Code Dallas, TX 75231	11a. Registration Document Number F96000001962 400002239884--2 -07/16/97--01036--008 ****156.25 ****156.25
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**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 *Michelle L. Toro* DATE 7/7/97  
 Typed or Printed Name of General Partner Signing Form Michelle L. Toro, Assistant Secretary Telephone Number 760-350-1894

CR2E039 (1/97)