

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAY 25 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A98000000880**

1. Name of Limited Partnership
LOT ZERO OF FOUR LIGHTHOUSE POINT LTD.

DO NOT WRITE IN THIS SPACE

2. Mailing Address c/o Gillespie & Allison 1515 South Federal Highway Suite, Apt #, etc Suite 300 City & State Boca Raton, Florida Zip 33432		3. Principal Office Address c/o Gillespie & Allison 1515 South Federal Highway Suite, Apt #, etc Suite 300 City & State Boca Raton, Florida Zip 33432		4. Date Formed or Registered to Do Business in Florida 04/06/1998	
5. FET Number 65-0828541		Applied For		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		875 Additional Fee required for a Certificate of Status		7. State or Country of Formation FLORIDA	

8a. Capital Contributions as Shown on Record \$ 275,000.00	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
8b. Amount of Capital Contributions in FLORIDA to date \$ 275,000.00	

9. Name and Address of Current Registered Agent Gillespie, R. Bowen, III c/o Gillespie & Allison, P.A. 1515 South Federal Highway, Suite 300 Boca Raton, Florida 33432		10. If changed, new registered agent/office	
Name		Street Address (P.O. Box Number Is Not Acceptable)	
Suite, Apt #, etc.		City	
Zip Code		FL	

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
First Bankers Luxury Homes	1515 South Federal Highway Suite 300	Boca Raton, Florida 33432	P98003020247
500.00 437.50 88.75		REINSTATEMENT 99 CS dec	

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 600, Florida Statutes.

SIGNATURE _____ DATE _____

Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____

CR2E039 (12/98)