

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

2001-2002
LIMITED
PARTNERSHIP
REINSTATEMENT
UBR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 22 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000019

1. Name of Limited Partnership

O.M. GRIFFIN FAMILY LIMITED PARTNERSHIP

2. Principal Office Address

13174 HIGHWAY 92 EAST

Suite, Apt. #, etc.

City & State

DOVER, FL

Zip

33527

Country

3. Mailing Office Address

13174 HIGHWAY 92 EAST

Suite, Apt. #, etc.

City & State

DOVER, FL

Zip

33527

Country

4. Date Formed or Registered

To Do Business in Florida 1/3/2000

5. FEI Number

59-3663442

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$3,140,000.00

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

\$3,140,000.00

8. Name and Address of Current Registered Agent

Name

Osborne M. Griffin

Street Address (P.O. Box Number is Not Acceptable)

13174 Highway 92 East

Suite, Apt. #, Etc.

b

City

Dover

State

FL

Zip Code

33527

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)

DATE

September, 2002

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

Osburn M. Griffin as Trustee of the
Osburn M. Griffin Revocable Trust
Agreement of 1999 u/a/d September
18, 1999

and
Grace D. Griffin as Trustee of the
Grace D. Griffin Revocable Trust
Agreement of 1999 u/a/d September
18, 1999

13174 Highway 92 East

Dover, Florida 33527

700008517367
10/22/02--01071--003 **1052.50

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

Osborne M. Griffin

DATE

September 30, 2002

Typed or Printed Name of General Partner Signing Form

Osborne M. Griffin as Trustee

Telephone Number

207

CHARLES H. CARVER
SAMUEL B. DOLCIMASCOLO*
BRET HAMLIN
MELANIE J. HANCOCK
R. REID HANEY
JOHN E. HEBERT, IV
RONALD G. HOCK
JOSHUA T. KELESKE
LAURIE L. PUCKETT
KIRSTEN L. REKART
ROGER J. ROVELL
R. DENNIS TWEED
AUGUST M. VAN EEPOEL
ALTON C. WARD

WARD, ROVELL & VAN EEPOEL
PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

4100 BANK OF AMERICA PLAZA
101 EAST KENNEDY BOULEVARD
TAMPA, FLORIDA 33602-5152

TELEPHONE: (813) 222-8700
FACSIMILE: (813) 222-8701

PLEASE REPLY TO:
P.O. BOX 71
TAMPA, FLORIDA 33601-0071

WRITER'S DIRECT LINE
AND E-MAIL ADDRESS
AVANEEPOEL@WRVLAW.COM
(813) 222-8738

October 17, 2002

* BOARD CERTIFIED WILLS, TRUSTS &
ESTATES LAWYER

Division of Corporations
Attn: Partnership Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: O.M. Griffin Family Limited Partnership
Document No. A00000000019

Dear Sir/Madam:

Enclosed is the Limited Partnership Reinstatement Application for the referenced matter. Also enclosed is Check No. 129 in the amount of \$1,052.50 representing payment in full of the filing fees and supplemental fees for the years 2001 and 2002.

Pursuant to my paralegal's conversation with your staff today, we hereby request waiver of the penalty fees due to non-receipt of the annual reports by the O.M. Griffin Family Limited Partnership. We would appreciate receiving your decision on our request as soon as it has been reached.

Thank you for your assistance in this matter.

Sincerely,



August M. Van Eepoel

AVE/lis
Enclosures
cc: Ms. Faye Blount

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