

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

A00000001065

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 14 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001065

1. Name of Limited Partnership

O-Windover, Ltd.

BK

2. Principal Office Address

500 South Florida Ave.

Suite, Apt. #, etc.

Suite 700

City & State

Lakeland, FL

Zip

33801

Country

USA

3. Mailing Office Address

Same as principal

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Formed or Registered
To Do Business in Florida**

July 3, 2000

5. FEI Number

59-3655349

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:

\$1,000.00

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

\$1,000.00

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.

8. Name and Address of Current Registered Agent

Name

Lawrence T. Maxwell

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

500 South Florida Avenue

Suite, Apt. #, Etc.

Suite 700

City

Lakeland

State

FL

Zip Code

33801

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 5/12/04

**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)

OW-GP, LLC

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

500 South Florida Ave.
Suite 700

City, State and Zip Code

Lakeland, FL 33801

**10a. Registration
Document Number**

L00000008603

000036483180

REINSTATEMENT 2003-2004
BK

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

DATE 5/12/04

Typed or Printed Name of General Partner Signing Form Lawrence T. Maxwell, as President

Telephone Number 863/647-1581

CR2E039 (10/02)

CSC.

CORPORATION SERVICE COMPANY

A00000001065

ACCOUNT NO. : 072100000032

REFERENCE : 649438 82866A

AUTHORIZATION :

COST LIMIT : \$ ~~1291.50~~

ORDER DATE : May 14, 2004

ORDER TIME : 12:55 PM

ORDER NO. : 649438-005

CUSTOMER NO: 82866A

CUSTOMER: H. Adam Airth, Jr., Esq
Clark, Campbell & Mawhinney,
Suite 800
500 South Florida Avenue
Lakeland, FL 33801

DOMESTIC FILINGS

NAME: O-WINDOVER, LTD.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____

FILED
04 MAY 14 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 MAY 14 PM 2:39
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA