

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A0000001161

1. Name of Limited Partnership

KATOPODIS FAMILY HOLDINGS, LTD.

2. Principal Office Address

3842 E. Millers Bridge Rd.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32312

Country

USA

3. Mailing Office Address

3842 E. Millers Bridge Rd.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32312

Country

USA

8. Name and Address of Current Registered Agent

Name

John Katopodis

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

3842 E. Millers Bridge Road

Suite, Apt. #, etc.

City

Tallahassee

State

FL

Zip Code

32312

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)

J. Katopodis

DATE 10/30/03

**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)

Katopodis Holdings, Inc.

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

3842 E Millers Bridge Rd

City, State and Zip Code

Tallahassee, FL 32312

**10a. Registration
Document Number**

P00000086260

REINSTATEMENT 2003

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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

J. Katopodis

President

DATE

10/30/03

Typed or Printed Name of General Partner Signing Form

Katopodis Holdings, Inc.

Telephone Number

850.216.0133

03 OCT 30 AM 10:34

FILED

TALLAHASSEE, FLORIDA

CR2E039 (10/02)