

A00000001265

PLEASE PRINT IN CAPITAL LETTERS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>A00000001265</u>			
1. Name of Limited Partnership <u>The Edna Martin Family Limited Partnership</u>			
2. Principal Office Address <u>11415 Boca Woods Lane</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>1407 Newport Spring Court</u> Suite, Apt. #, etc.	
City & State <u>Boca Raton FL</u>		City & State <u>Reston, VA</u>	
Zip <u>33428</u>	Country <u>USA</u>	Zip <u>20194</u>	Country <u>USA</u>
4. Date Formed or Registered To Do Business in Florida <u>7/28/2000</u>			
5. FEI Number <u>112-06-6561</u>		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:			
7b. Amount of Capital Contributions in FLORIDA to date: <u>1,789,000</u>			
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: <u>Edna Martin</u> Street Address (P.O. Box Number is Not Acceptable): <u>11415 Boca Woods Lane</u> Suite, Apt. #, Etc.: City: <u>Boca Raton</u> State: <u>FL</u> Zip Code: <u>33428</u>			
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): <u>Edna Martin</u> DATE: <u>11/10/01</u>			
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)		10a. Registration Document Number	
<u>Edna Martin</u>		<u>A00000001265</u> <u>900004714039--8</u> <u>-12/07/01--01031--004</u> <u>****88.75 ****88.75</u> <u>900004714039--8</u> <u>-12/07/01--01031--005</u> <u>****937.50 ****937.50</u>	
<u>Mitchell Martin</u>		<u>1407 Newport Spring Court</u> <u>Reston, VA 20194</u> <u>REINSTATEMENT 2001</u>	
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 <u>Mitchell Martin</u>		DATE <u>11/12/01</u>	
Typed or Printed Name of General Partner Signing Form <u>Mitchell Martin</u>		Telephone Number <u>703 481-9868</u>	

CR22038 (9/00)