FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB -2 AM 10:40

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A 000 0000 1539

1. Name of Limited Partnership
JIM & ACEY WINGE ENTERPRISE, LTD

400065833284
02/14/06--01037--008 **2500.00

CR2E039 (11/05)

2. Principal Office Address	3. Mailing Office Address
90 MARTINIQUE AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State
Zip: 33606 Country	Zip Country

4. Date Formed or Registered To Do Business in Florida: 10/11/2000

5. FEI Number: 59-1110816 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status.

8. Name and Address of Current Registered Agent

Name: JAMES M WINGE
Street Address (P.O. Box Number is Not Acceptable): 90 MARTINIQUE AVE
Suite, Apt. #, Etc.:
City: TAMPA State: FL Zip Code: 33606

7. FEES:

Filing Fee(s): $411.25 for each year due this office.

Supplemental Fee(s): $88.75 for each year due this office.

Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records
2004 $1000 2006 $500
2005 $1000 TOTAL $2500

9. Pursuant to the provisions of section 620.1810 or 620.1908, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, *Florida Statutes*.

SIGNATURE (Registered Agent Accepting Appointment) James M Winge (REGISTERED AGENT MUST SIGN) DATE 1/25/06

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
JAMES M WINGE	90 MARTINIQUE AVE	TAMPA FL 33606	
		REINSTATEMENT	04-06

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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 James M Winge DATE 1/25/06

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