

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC 19 PM 12:49

**A01000001208**

DOCUMENT # original A010000012088

1. Name of Limited Partnership

Quantech, LTD A01000001208

**REINSTATEMENT**

2002

900009594539  
12/19/02--01015--003 \*\*641.25

2. Principal Office Address

1520 Spider Lilly Lane  
Suite, Apt. #, etc.

3. Mailing Office Address

1520 Spider Lilly Lane  
Suite, Apt. #, etc.

4. Date Formed or Registered  
To Do Business in Florida

9-5-01

5. FEI Number

593746190

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

DeLand FL

City & State

DeLand FL

Zip

32720

Country

US

Zip

32720

Country

US

8. Name and Address of Current Registered Agent

Name

Richard F. Posson

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

1520 Spider Lilly Lane

Suite, Apt. #, Etc.

City

DeLand FL

State

FL

Zip Code

32720

**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)

Richard F. Posson

DATE 12-16-02

**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)

RFPCO Group, LLC

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

1520 Spider Lilly Lane  
DeLand, FL 32720

City, State and Zip Code

DeLand, FL 32720

10a. Registration Document Number

L01000014595

**REINSTATEMENT**

2002

**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

Richard F. Posson

RFPCO Group, LLC

DATE 12-16-02

Typed or Printed Name of General Partner Signing Form

RFPCO Group, LLC Richard F. Posson

Telephone Number

386 785 1585

CR2E039 (10/02)