

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR -1 AM 10:36

REINSTATEMENT 2002-2005

DOCUMENT # A01000001454

1. Name of Limited Partnership

WESTFORK, LIMITED

2. Principal Office Address

204 Church Street East

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32501

Country

USA

3. Mailing Office Address

204 Church Street East

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32501

Country

USA

4. Date Formed or Registered
To Do Business in Florida

October 31, 2001

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$ 927,689.26

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

\$ 927,689.26

8. Name and Address of Current Registered Agent

Name

David G. White, Esquire

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

204 Church Street East

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32501

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)

DATE

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

WEST FORK RANCH, INC.

204 Church Street E.

Pensacola, Florida

32501

999000047949

200050217442
04/08/05--01008--007 **4105.00

T. Brumbley APR 1 2005

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)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) 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

West Fork Ranch Inc., by John R. Pittman, its President

DATE

3/25/03

Typed or Printed Name of General Partner Signing Form

West Fork Ranch, Inc.

Telephone Number

(850) 469-0551

by John R. Pittman, its President

012E039 (1002)

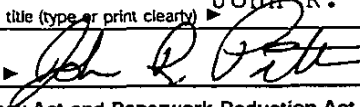
Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

COPY

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested WESTFORK, LIMITED								
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name						
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 204 Church Street East		5a Street address (if different) (Do not enter a P.O. box.)						
	4b City, state, and ZIP code Pensacola, Florida 32501		5b City, state, and ZIP code						
	6 County and state where principal business is located Santa Rosa County, Florida								
7a Name of principal officer, general partner, grantor, owner, or trustor WEST FORK RANCH, INC.		7b SSN, ITIN, or EIN 59 3583411							
8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____									
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country						
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ Agricultural <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____									
10 Date business started or acquired (month, day, year) October 31, 2001		11 Closing month of accounting year December							
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A									
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". ▶ <table border="1"><tr><td>Agricultural</td><td>Household</td><td>Other</td></tr><tr><td>-0-</td><td>-0-</td><td>-0-</td></tr></table>				Agricultural	Household	Other	-0-	-0-	-0-
Agricultural	Household	Other							
-0-	-0-	-0-							
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) Agricultural <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail									
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Timber									
16a Has the applicant ever applied for an employer identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.									
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ WEST FORK RANCH, INC. Trade name ▶ WESTFORK RANCH, INC.									
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN May 19, 1999 Pensacola, Florida 59 3583411									
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.								
	Designee's name		Designee's telephone number (include area code) ()						
Address and ZIP code		Designee's fax number (include area code) ()							
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.									
Name and title (type or print clearly) ▶ John R. Pittman, President for		Applicant's telephone number (include area code) (850) 469-0551							
Signature ▶  WEST FORK RANCH, INC.		Applicant's fax number (include area code) ()							
Date ▶ 03/25/05									

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12-2001)