

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 20 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A01000001627**

1. Name of Limited Partnership

An Angel's Dream

2. Principal Office Address

St. George Island, Fl.

Suite, Apt. #, etc.

2008 Pelican Ct. East

City & State

St. George Island, Fl.

Zip

32328 USA

3. Mailing Office Address

1523 Pine Forest Dr.

Suite, Apt. #, etc.

Tallahassee, Fl.

City & State

Tallahassee, Fl.

Zip

32301 Leon

4. Date Formed or Registered
To Do Business in Florida

Dec. 2001

5. FEI Number

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:

\$40,000

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

8. Name and Address of Current Registered Agent

Name

Cynthia L. Burt

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

1523 Pine Forest Drive

Suite, Apt. #, Etc.

N/A

City

Tallahassee

State

FL

Zip Code

32301

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)

**Cynthia and John
Burt**

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

**1523 Pine Forest
Drive**

City, State and Zip Code

Tall, Fl. 32301

10a. Registration
Document Number

100009113201
11/20/02--01066--024 **368.00

**Limited Partners
Maisha and Mario
Burney**

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

Cynthia L. Burt

DATE

11-14-02

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E039 (10/02)

202

November 14, 2002

Florida Department of State
Division of Corporations
Registration Section
P. O. Box 6327
Tallahassee, Fl. 32314

Dear Sirs:

I am writing regarding the attached statement of revocation of our limited partnership, An AngelÆs Dream, Ltd. I did not receive the initial notification relating to the Uniform Business Report.

In addition, on August 15, 2002 my husband John Burt had a serious stroke and was hospitalized at Tallahassee Community Hospital and Shands Medical Center for nearly two months. During that time I remained in Gainesville with him during his medical treatment (please physicianÆs statement attached).

Therefore, I have been attending to his medical needs and unable to address much of our business matters. I am requesting a waiver of the fine and if possible a reinstatement without paying another registration fee.

Please contact me at my work number 487-4789 or my cell number 294-9903 if you have questions or need to discuss this matter with me further. Your understanding and consideration of my request would be greatly appreciated.

Sincerely,



Cynthia L. Burt