

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

2003
LIMITED

PARTNERSHIP
REINSTATEMENT

WBR



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 JAN 10 AM 11:28

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001706

1. Name of Limited Partnership

ABRIKA, LLLP

2. Principal Office Address

3320 Fairfield Lane

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33331

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Formed or Registered
To Do Business in Florida

12/31/2001

5. FEI Number

01-0628621

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:

\$1,000.00

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

\$1,000.00

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
ACRAC, Inc.

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

3320 Fairfield Lane

Suite, Apt. #, Etc.

City

Weston

State
FL

Zip Code
33331

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

ACFP, LLLP

3320 Fairfield Lane

Weston, FL 33331

A1000001705

7000009160007
11/22/02--01015--002 **148.25

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

DATE

Typed or Printed Name of General Partner Signing Form

Alan P. Cohen, Member of

Telephone Number

ABRIKA GPNER, LLC, General Partner of ACFP, LLLP

CR2E039 (9/01)

292

ABRIKA, LLLP
3320 FAIRFIELD LANE
WESTON, FLORIDA 33331

FILED
2003 JAN 10 AM 11:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

October 31, 2002

Department of State
Limited Partner Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

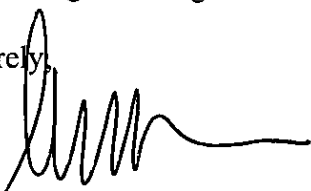
Re: ABRIKA, LLLP

Dear Sir or Madam:

Please be advised that we did not receive an Annual Report or Late Notice from your office. We did however receive a Certificate of Revocation. There is no reason why we should not have received it as we are receiving mail at the address listed in your records.

Pursuant to instructions from your office, I have enclosed my check in the amount of \$148.25 representing the filing fee for the LLLP's annual report. Thank you.

Sincerely,



ALAN P. COHEN, Member of ABRIKA GPNER, LLC
General Partner of ACFP, LLLP, who is General Partner
ABRIKA, LLLP

Enclosures as Stated



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 2, 2002

FILED
2003 JAN 10 AM 11:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ALAN P. COHEN
ABRIKA, LLLP
3320 FAIRFIELD LANE
WESTON, FL 33331

SUBJECT: ABRIKA, LLLP
Ref. Number: A01000001706

We have received your document for ABRIKA, LLLP and your check(s) totaling \$. However, the document has not been filed and is being retained in this office for the following:

Our records reflect a general partner listed on your annual report/uniform business report form was administratively dissolved or its certificate of authority was revoked by this office. Because section 620.177, F.S., requires all non-individual general partners to be active on our records, the general partner must be reinstated before we can process your limited partnership annual report/uniform business report form. Enclosed please find the appropriate form and instructions to reinstate the general partner. Please note the fees to reinstate the general partner total \$.

If you have any further questions concerning your document, please call (850) 245-6043.

Joey Bryan
Document Specialist
Tax Liens

Letter Number: 202A00064062