A02000000642

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : GRONEK & LATHAM, LLP
Account Number : I20000000025
Phone : (407)481-5800
Fax Number : (407)481-5801

FILED
05 OCT 10 AM 8:38
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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05 OCT 10 AM 10:45
DIVISION OF CORPORATION

LIMITED PARTNERSHIP REINSTATEMENT

TM CELL VENTURES, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,923.75

Electronic Filing Menu Corporate Filing Public Access Help

N. Quilligan OCT 11 2005

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A02000000642

1. Name of Limited Partnership
TM CELLVENTURES, LTD.

CR2E039 (8/05)

2. Principal Office Address	3. Mailing Office Address
517 RIDGEWAY BLVD	517 Ridgeway Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELAND, FL	City & State: Deland, FL
Zip: 32724 Country: USA	Zip: 32724 Country: USA

4. Date Formed or Registered To Do Business in Florida: 5/2/2002

5. FEI Number: Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required

7a. Capital Contributions as shown on Record: $1,000,000

7b. Amount of Capital Contributions in FLORIDA to date: $2,000

8. Name and Address of Current Registered Agent

Name: GERARD MASTRIANNI

Street Address (P.O. Box Number is Not Acceptable): 530 ALOKEE CT

Suite, Apt. #, Etc.:

City: LAKE MARY State: FL Zip Code: 32746

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 $427.50, for each year due this office.

2.) Supplemental Fee(s): $55.75 for each year due this office, beginning with 1982 calendar year.

3.) Penalty Fee(s): $500 penalty fee for each year report form is due.

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
STEPHEN TAORMINA	517 RIDGEWAY Blvd	DELAND, FL 32724	
GERARD MASTRIANNI	530 ALOKEE CT	LAKE MARY, FL 32746	

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DIVISION OF CORPORATIONS

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 request 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 9/21/05

Typed or Printed Name of General Partner Signing Form: STEPHEN TAORMINA Telephone Number: 407-585-8224