

AO2000001207

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # AO2000001207

1. Name of Limited Partnership

Flagship Properties L.P.

2. Principal Office Address

2316 Gulf Boulevard

Suite, Apt. #, etc.

City & State

Indian Rocks Beach, FL

Zip

Country

33785

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Formed or Registered
To Do Business in Florida**

09/06/2002

5. FEI Number

56-2288846

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:

321,918

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

321,918

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

Sam J. Salvaggio

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

502 Sportsman Park Drive

Suite, Apt. #, Etc.

City

Seffner

State

FL

Zip Code

33584

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)

Salvaggio

DATE

12/16/03

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)

Flagg Meyer Salvaggio, Inc.

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

502 Sportsman Park Drive

City, State and Zip Code

Seffner, FL 33584

10a. Registration Document Number

P02000096248

100025770791
12/26/03--01031--015 **1035.00

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

President of

DATE

Typed or Printed Name of General Partner Signing Form

Flagg Meyer Salvaggio Inc.

Telephone Number

CR2E039 (10/02)