

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 27 AM 9:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

DOCUMENT # A0200001556

1. Name of Limited Partnership

The Talerico Family Limited Partnership

2. Principal Office Address

5460 Pinetree Rd

Suite, Apt. #, etc.

3. Mailing Office Address

5460 Pinetree Rd

Suite, Apt. #, etc.

City & State

Corral Springs FL

Zip

33067

Country

U.S.A

City & State

Corral Springs FL

Zip

33067

Country

U.S.A

4. Date Formed or Registered
To Do Business in Florida

11/22/02

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:

\$2106860.00

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

\$2106860.00

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 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.

8. Name and Address of Current Registered Agent

Name

FRANK Talerico

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

5460 Pinetree Rd

Suite, Apt. #, Etc.

City

Corral Springs

State

FL

Zip Code

33067

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) Frank Talerico

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)

FRANK Talerico

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

5460 Pinetree Rd

City, State and Zip Code

Corral Springs
FL 33067

10a. Registration
Document Number

200029895212
03/04/04--01052--007 **1052.50

REINSTATEMENT

W/o Penalty

2003-2004

NOTE: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I 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 Frank Talerico

DATE

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E035 (9/03)

2082

January 9, 2004

Please know that I never received the form needed for renewing and maintaining the partnership active.

I just found out that the partnership is inactive. I also notice on line that you have the wrong address.

Please reinstate my partnership. I add here \$~~526.25~~ for the annual fee. Since it was not our fault please waive the penalty fee.

Sincerely,



Frank Talerico