2009 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A04000001824

1. Entity Name
WIN-98, LTD.

Principal Place of Business	Mailing Address
2901 RIGSBY LANE SAFETY HARBOR, FL 34695	2901 RIGSBY LANE SAFETY HARBOR, FL 34695

04282009   REIN-LP   CR2E100 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 20-3201337	Applied For Not Applicable
City & State	City & State		
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORLIZZO, ROBERT A 2903 RIGSBY LANE SAFETY HARBOR, FL 34695	Name *Charles A Ernst Jr* Street Address (P.O. Box Number is Not Acceptable) *2901 Rigsby Lane* City *Safety Harbor* FL Zip Code *34695*

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (REGISTERED AGENT MUST SIGN)   DATE

FILE NOW!!! FEE IS $1000.00		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY	
DOCUMENT # **P05000121744** NAME **PDG IV, INC.** STREET ADDRESS **2901 RIGSBY LANE** CITY-ST-ZIP **SAFETY HARBOR, FL 34695**	STREET ADDRESS CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #

STAPLE CHECK HERE

correct