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APPLICATI	DN FOR	第4	LORIDA DEPAR	TIMENT OF S	TATE	Frit titt				
REINSTAT	EMENT (1)	120	Katheri	ine Harris						
FOI	R		*3 C	ry of State		i	• • •			
LIMITED PAR	TNE	STEENV!	ENVISION OF (CORPORATIO	NS	93 A43 - 4 71 St	39			
DOCUMEN	T# 10100						<i>. .</i>			
1. Name of Limited Partr	A 12122									
SUNCO PROPI	ERTIES, LTD, II									
7357 FOX T	ROTTING ROAD					DO NOT WORK	. IN THE OF	· · · ·		
SARASOTA,	T			DO NOT WRITE IN THIS SPACE						
2. Mailing Address		3. Principal Office Address Same				4. Date Formed or Registered To Do Business in Florida 02-24-82				
Suite, Apt #, etc		Suite, Apl. #. etc.							Applied For	
City & State		City & State	City & State			59-2190751 Not Applicat				
Ony di State		Oily a Giale	Only & State			6. \$8.75 Additional Fee required				
Zip Country		Zip	Coun	stry		CERTIFICATE OF STATUS DESIRED for a Certificate of Status				
						7. State or Country of Formation	FLORI	DA		
8a. Capital Contribution on Record \$40,000	ns as Shown	FEES:13								
\$40,000		2.)			this office, beginning with 1992 calendary	ear.				
8b. Amount of Capital 6 FLORIDA to date:					e submitted	along with	a separate and			
\$40,000		ар	propriate filing fee.							
9.	Name and Address of Current	Registered Agent				10. If changed new registered	agent/office			
APOGEE ASS	SOCIATES, INC.			Name						
	TROTTING ROAD			Street Add	ress (P.O. B	ox Number Is Not Acceptable)				
SARASOTA,	FL 34241			Suite, Apt	₩ elc					
				City				Zip Cod	te	
40		000 400 5: :4: 6						<u> </u>		
for the purpose of	changing its registered office or re	egistered agent 🔊	r bothy jay ne State of Fi	ned limited parth prida Such char	iership orga nge was aut	nized or registered under the laws of the horized by its general partner(s). I hereb	State of Flor / accept the	ida, submi appointme	is this statement ent of registered	
agent I am familia	ar with, and accept the obligations	ol/section 670 192	/// // /	Z			7	[6.	las	
SIGNATURE (Registered A	gent Accepting Appointment	FEES:1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum fitting fee of \$52.50 and a maximum of \$437.50, for gach year due this office. 2.) Supplemental Fee(s): \$500 penalty fee for gach year gapor form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee. 10. If changed, new registered agent/office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.								
A GENERAL	PARTNER THAT	S A COR	PORATION,	LIMITED	PART	NERSHIP OR OTHER	BUSI	NESS	ENTITY	
11. Names of Gen		Ade	dress of Each General I	Partner	- ***		T	Reg	stration	
		(DO NC	OT Use Post Office Box	Numbers)			ļ		ent Narroer	
APOGEE ASS	OCIATES, INC.	7357 F	OX TROTTIN	GRD	SARA	SOTA, FL, 34241	F66	030		
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<u>.</u>						****81	\$.00	***	815.00	
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Note: Occasion	nadage MAV NOT	bo charas	d on this fa-		ond	nt must be filed to ab			nodus-	
						nt must be filed to char stated in Section 119 07(3)(k), Florida Sta			·	
Cornorations from an	w hability of non-compliance with 8	Section 119 07(34/i	c) in the event that the i	information sund	nooh si bed	and exercist from nublic access. I further,	cartify that it	a informat	non indicated on	
tris armual report is t empowered to execu	irue and arcurate and triat 719 sign ute inis report as required by chap	iaiure snali nayo ti ter 629, Floryda Sy	e same legal effects as	s ii made under (oath iturthe	or certify that I am a General Partner of th	: irriteorpai	unership re	eceiver or trustee	
	111/11/av	/ / TP	w			\mathcal{O}_{p}	/×6/	199	1	
SIGNATURES	IUN					DATE/				

G WILLARD HOWE

941-366-0900