A15041

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 APR 28 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # A15041

1. Name of Limited Partnership

St. Croix, I Ltd.

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
150 American Legion Drive	150 American Legion Drive	8/1/83
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number: 59-2308354 ☐ Applied For ☐ Not Applicable
City & State: North Adams, MA	City & State: North Adams, MA	6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status
Zip: 01247 Country: U.S.	Zip: 01247 Country: U.S.	7. State or Country of Formation: Florida

8a. Capital Contributions as Shown on Record: $12,000.00

8b. Amount of Capital Contributions in FLORIDA to date: $12,000.00

FEES: 1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
2.) Supplemental Fee(s): $103.75 for each year due this office, beginning with 1982 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year report form is 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.

9. Name and Address of Current Registered Agent	10. If changed, new registered agent/office
was not designated at formation	Name: Charles A. Carlson, Esquire Street Address (P.O. Box Number is Not Acceptable): 601 Bayshore Boulevard Suite, Apt. #, etc.: Suite 700 City: Tampa, FL Zip Code: 33606

10a. 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) CMC DATE 4/22/98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Xebec, Incorporated	150 American Legion Drive	North Adams, MA 01247	693564
Steven C. Meacher	4215 Cartral Avenue	Tampa, Florida 33624	

500002517905--7
-05/11798--01008--003
*****35.00 *****35.00

500002517905--7
-05/11798--01008--002
***7485.25 ***7485.25

$600.00 - penalty
1,485.25 - AR
35.00 - RA

REINSTATEMENT 87-98

CM

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

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 Marie Wheaton DATE 4-25-98

Typed or Printed Name of General Partner Signing Form: Marie Wheaton Telephone Number: (413) 663-9755

TOTAL P.02