

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED 01 DEC 19 PM 2:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # A18026 1. Name of Limited Partnership DAYLAND ASSOCIATES, LTD. 9/29/00					
2. Principal Office Address 129 Wisteria Drive Suite, Apt. #, etc. City & State Longwood, Florida Zip 32779 Country USA		3. Mailing Office Address 129 Wisteria Drive Suite, Apt. #, etc. City & State Longwood, Florida Zip 32779 Country USA		4. Date Formed or Registered To Do Business in Florida 10/09/84 5. FEI Number 59-2447472 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: \$95,000.00 7b. Amount of Capital Contributions in FLORIDA to date: \$95,000.00					
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 record 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: Pete Lapp Street Address (P.O. Box Number is Not Acceptable): 1215 Druid Road Suite, Apt. #, Etc. City: Maitland State: FL Zip Code: 32751					
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) <u>Pete Lapp</u> DATE <u>12/18/01</u>					
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) J. Crider, Inc. Adm- 1000.00 AR 875.00 ARSWP 177.50 CV 8.75 2061.25		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 129 Wisteria Dr. Longwood, Florida 32779		City, State and Zip Code Longwood, Florida 32779 Registration Document Number P33349 700004739247-012 -12/26/01--01069--012 ***5181.25 ***2061.25	
REINSTATEMENT 2000-2001 (M) (CV)					
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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) 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 <u>Pete Lapp</u> DATE <u>12/18/01</u> J. Crider, Inc., General Partner Telephone Number 407-786-0413					
Typed or Printed Name of General Partner Signing Form					

By: Pete Lapp, President