APPLICATION FOR
- REINSTATEMENT
FOR
LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

A18030

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC 27 AM 10:42

DOCUMENT # A18030

Name of Limited Partnership

ROUSE & ASSOCIATES - SOUTHEAST LIMITED PARTNERSHIP

4/14/95

DO NOT WRITE IN THIS SPACE.

Mailing Address: 1200 GULF LIFE DR.
Apt. #, etc.: SUITE 315
City & State: JACKSONVILLE, FLORIDA
Zip: 32207 Country: United States

3. Principal Office Address: 1200 GULF LIFE DR.
Suite, Apt. #, etc.: SUITE 315
City & State: JACKSONVILLE, FLORIDA
Zip: 32207 Country: United States

4. Date Formed or Registered To Do Business in Florida: 10/10/1984

5. FEI Number: 23-2337052 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation: FLORIDA

Capital Contributions as Shown on Record: $100.00

Amount of Capital Contributions in FLORIDA to date: 100.00

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): $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 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

MIKALS, JOHN H.
2000 INDEPENDENT SQUARE
JACKSONVILLE, FL 32202

10. If changed, new registered agent/office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City: FL Zip Code

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) DATE

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
ROUSE, WILLARD G., III	65 VALLEY STREAM PKWY	MALVERN, PA	
ROUSE & ASSOCIATES, INC.	65 VALLEY STREAM PKWY	MALVERN, PA	P09428
HAMMERS, DAVID C.	8651 BAY PINE ROAD	JACKSONVILLE, FL	

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PENALTY 2,500.00
AR 262.50
INTEREST 443.75
$ 3,206.25

REINSTATEMENT 1995-1999

(BK)

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 Willard G Rouse III DATE Dec 22, 1999