

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
A18495

(97,726.25)

FILED

97 DEC -5 PM 2:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **A18495**

1. Name of Limited Partnership

Florida Investors Limited Partnership

5/10/91

2. Mailing Address

875 N. Michigan Ave. #3620

Suite, Apt. #, etc.

3620

City & State

Chicago, Illinois

Zip

60611

Country

Cook

3. Principal Office Address

1117 Schefflera Drive

Suite, Apt. #, etc.

City & State

Captiva, FL

Zip

33924

Country

Lee

4. Date Formed or Registered To Do Business in Florida

12/10/84

5. FEI Number

36-3335229

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

8a. Capital Contributions as Shown on Record

\$ 931,399.00

8b. Amount of Capital Contributions in FLORIDA to date

\$ 931,399.00

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): \$138.75 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

E. Barry Mansur
8 Schefflera Drive
South Seas Plantation
Captiva Island, FL 33924

10. If changed, new registered agent/office

Name

E. Barry Mansur

Street Address (P.O. Box Number is Not Acceptable)

1117 Schefflera Drive

Suite, Apt. #, etc.

12/12/97-01022-006

City

Captiva,

Zip Code

FL 33924

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)

DATE 12-3-97

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

E. Barry Mansur

1117 Schefflera Drive

Captiva, Florida
33924

PEWARY \$3,500.00
AR \$3,500.00
SUPP 726.25
\$7,726.25

CORAPREIN
REINSTATEMENT 1991-1997

13K

1998
AR

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

Robert C. Corbett

DATE

12/3/94

Typed or Printed Name of General Partner Signing Form

Robert C. Corbett, Vice Pres.

Telephone Number (312) 263-2400

CR2E039 (4/95)