

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP

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

FILED

98 DEC -3 PM 4: 30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # A21197

1. Name of Limited Partnership

C. I. C. / ORLANDO, LTD.

2. Mailing Address

951 Broken Sound Parkway N.W.

Suite, Apt. #, etc.

Suite 135

City & State

Boca Raton, FL

Zip

33487

Country

Palm Beach

3. Principal Office Address

Same as #2

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Formed or Registered  
To Do Business in Florida

11/8/1985

5. FEI Number

59-2620102

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

900,000

8b. Amount of Capital Contributions in  
FLORIDA to date

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

10. If changed, new registered agent/office

COHN, JERALD N.  
951 Broken Sound Parkway N.W.  
Suite 135  
Boca Raton, FL 33487

Name

Street Address (P.O. Box Number is not acceptable)

Suite, Apt. #, etc

City

FL

Zip Code

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

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

C. I. C. ORLANDO, INC.

951 Broken Sound Parkway N.W. Boca Raton, FL 33487 Suite 135

P9600049930

REINSTATEMENT

98-99  
CR 12-9

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

DATE

10/22/98

Typed or Printed Name of General Partner Signing Form

JERALD N COHN, PRES

Telephone Number

561-241-8417

CR2E039 (12/97)