

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



OFFICE OF THE SECRETARY OF STATE
Sandra P. McManamy
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 31 PM 1:31

DOCUMENT # **A 27543**

1. Name of Limited Partnership

**Monterey Associates, Ltd., A Wisconsin
Limited Partnership** 4/14/95

DO NOT WRITE IN THIS SPACE

2. Mailing Address

6210 Campbell Road

Suite, Apt. #, etc.

Suite 140

City & State

Dallas, TX

Zip

75248

Country

USA

3. Principal Office Address

6210 Campbell Road

Suite, Apt. #, etc.

Suite 140

City & State

Dallas, TX

Zip

75248

Country

USA

4. Date Formed or Registered
To Do Business in Florida

12-14-88

5. FEI Number

39-1448572

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

Wisconsin

8a. Capital Contributions as Shown
on Record.

\$900,000.00

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 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.

8b. Amount of Capital Contributions in
FLORIDA to date:

\$0

9. Name and Address of Current Registered Agent

**Prentice-Hall Corporation System
1201 Hayes Street, Suite 105
Tallahassee, FL 32301**

10. If changed, new registered agent/office

Name

700002391797--7

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

01/06/98-01107-005

Suite, Apt. #, etc.

*****1582.50 ***1582.50**

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)

Karen B. Rozar

Karen B. Rozar, As Its Agent

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)

MNT, Inc.

**(A Texas Corporation,
qualified in Florida
effective 11-05-93)**

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

**6210 Campbell
Road, Suite 140**

City, State and Zip Code

**Dallas, TX
75248**

11a. Registration
Document Number

**F9300000
5024**

700002391797--7

01/06/98-01107-005

******542.50 ****542.50**

Kwm

REINSTATEMENT 95-98

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

[Signature]

DATE

Typed or Printed Name of General Partner Signing Form

MNT, Inc., by its

Telephone Number

(972) 380-8000

CR2E039 (1/97)