APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

A28278

...RTMENT OF STATE
...a B. Mortham
...retary of State
...F CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP -5 AM 10:00

DOCUMENT # A 28278

1. Name of Limited Partnership

HENRIETTA ASSOCIATES, LTD

9-5

DO NOT WRITE IN THIS SPACE

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
8004 N. Armenia Ave	8004 N. Armenia Ave	June 15, 1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number: Applied For / Not Applicable
City & State: Tampa, Fla.	City & State: Tpa, Fla.	6. CERTIFICATE OF STATUS DESIRED ☑ ($8.75 Additional Fee required for a Certificate of Status)
Zip: 33604 Country: Hillsborough	Zip: 33604 Country: Hillsborough	7. State or Country of Formation: Florida

8a. Capital Contributions as Shown on Record: $80.00

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): $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.

9. Name and Address of Current Registered Agent	10. If changed, new registered agent/office
TODD K. Rosenthal MD 8004 N. Armenia Ave Tpa, Fla. 33604	Name Street Address (P.O. Box Number Shall Not Be Used): 000002290819--9 -09/11/97--01093--001 ***3290.00 ***3290.00 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
Tom K. Rosenthal MD DFR WD	8004 N. Armenia Ave 8004 N. Armenia Ave	Tampa, Florida 33604 Tpa Fla 33604	A28278

REINSTATEMENT 93-97
CWS KWM

CR2E039 (1/97)

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 Todd K. Rosenthal DATE 8/12/97

Typed or Printed Name of General Partner Signing Form: Todd K. Rosenthal MD Telephone Number: (813) 933-9131