APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

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

A28697

FILED
99 JAN 25 PM 2:23
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # A 28697

1. Name of Limited Partnership
Venice Pines Plaza Ltd.

4/1c/98

DO NOT WRITE IN THIS SPACE

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
501 East Kennedy Blvd.	13925-58th Street North	7/28/89
Suite, Apt. #, etc. Suite 1700	Suite, Apt. #, etc.	5. FEI Number 59-2980692 ☐ Applied For ☐ Not Applicable
City & State Tampa, Florida	City & State Clearwater, Florida 33760	6. CERTIFICATE OF STATUS DESIRED ☒
Zip 33602 Country USA	Zip 33760 Country USA	7. State or Country of Formation Florida

8a. Capital Contributions as Shown on Record
$800,000.00

8b. Amount of Capital Contributions in FLORIDA to date
$800,000.00

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) $438.75 for each year due this office beginning with 1992 calendar year
3) Penalty Fee(s) $500 penalty fee for each year (year) 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

J. Bob Humphries, Esquire
501 East Kennedy Boulevard
Suite 1700
Tampa, Florida 33602

10. If changed, new registered agent/office

Name: J. Bob Humphries, Esquire
Street Address (P.O. Box Number is Not Acceptable): 501 East Kennedy Boulevard
Suite, Apt. #, etc.:
City: Tampa FL Zip Code: 33602

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.

***2052.50

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE 1/22/99

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
Venice Pines GP, Inc.	13925-58th Street North	Clearwater, FL 33760	L62522

-02/01/99--01015-005
*******8.75 *******8.75

REINSTATEMENT 1998-1999

BR COS

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 22 Jan 99

Typed or Printed Name of General Partner Signing Form: Venice Pines GP, Inc. by J. Bob Humphries, VP and Assistant Secretary

Telephone Number: (813) 222-1173

CR2E044 (1/96)