

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



A29228

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAY 10 PM 3:42

DOCUMENT # **A29228**

1. Name of Limited Partnership

Estate Partners, Ltd.

4/15/94

DO NOT WRITE IN THIS SPACE

2. Mailing Address

P.O. Box 7473

3. Principal Office Address

P.O. Box 7473

4. Date Form is or Registered To Be Business in Florida

11/17/84

Suite Apt # etc

Suite Apt # etc

5. FEI Number

65-0191709

Applied For

Not Applicable

City & State

Ft. Lauderdale, Florida

City & State

Ft. Lauderdale, Florida

Zip

33338

Country

USA

Zip

33338

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation

Florida

8a. Capital Contributions as Shown on Record

149,000

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.

8b. Amount of Capital Contributions in FLORIDA to date

0

Note: If the amount entered in 8a is greater than amount entered in 8b, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

*Agency Services Inc.
2001 W. 22 Terrace
Ft. Lauderdale, FL 33305*

10. If changed, new registered agent's office

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)

James Lee, for Agency Services Inc

DATE

5/7/99

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)

Agency Services, Inc

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

2001 W. 22 Terrace

City, State and Zip Code

Ft. Lauderdale FL 33305

11a. Registration Document Number

5000028748157-6
05/13/99-01096-006
****3856.25 ***3856.25*

PENALTY 3,000.00
 AR 315.00
 ARSWAP 532.50
 CUS 8.75
\$ 3,856.25

REINSTATEMENT 1994-1999

(JR) (CUS)

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

James Lee, for Agency Services Inc

DATE

5/7/99

Typed or Printed Name of General Partner Signing Form

James Lee, for Agency Services, Inc

Telephone Number

(561) 564-5177
(561) 564-5175

CR2E039 (12/98)