

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP

A29305

FLORIDA DEPARTMENT OF STATE
SAND B. HAM
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

97 JUN -9 PM 3: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

A29305

1. Name of Limited Partnership

Modan Investments, LTD

DO NOT WRITE IN THIS SPACE.

2. Mailing Address

601 S. Orleans Av.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

Hillsborough

3. Principal Office Address

35400 Baseline Ln.

Suite, Apt. #, etc.

Dade City

City & State

FL

Zip

33525

Country

Pasco

4. Date Formed or Registered To Do Business in Florida

12/05/1989

5. FEI Number

59-2983602

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

FL

8a. Capital Contributions as Shown on Record

355,401.40

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

SAME

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

Sam Reiber
601 E. Twiggs St.
Suite 200
Tampa, FL 33602

10. If changed, new registered agent/office

Name

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

Suite, Apt. #, etc.

City

700002211967-4
-06/13/97--01102--005
****630.00 FL ****630.00

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)

Marian Amparo

DATE

June 07, 1997

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)

Amparo, MARIAN

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

601 South Orleans Av.

City, State and Zip Code

Tampa, FL
33606

11a. Registration Document Number

700002211967-4
-06/13/97--01102--004
****420.00 ****420.00

REINSTATEMENT

CM

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

Marian Amparo

DATE

06/07/97

Typed or Printed Name of General Partner Signing Form

MARIAN AMPARO

Telephone Number

813-254-2878

CR2E039 (1/97)