LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE
TALL AHASSEE, FLORIDA

DOCUMENT # 1. Name of Limited Partnership	A29409
1. Name of Limited Partnership	or ion in the

Typed or Printed Name of General Partner Signing Form

COZART PR	OPERTIES, LID.							
2. Principal Office Address		3. Mailing Office Address			4. Date Formed or Registered			
5125 South Nichol Street		(same as principal office)			To Do Business in Florida 12/27/89			
Suite, Apt, #, etc.	I MICIDI SCIEEC	Suite, Apt. #, etc.	incipal office)		5. FEI Number	<u>-</u>	Applied For	
Oute, Apr. W. Old					59-3002995		Not Applicable	
City & State	·	City & State			CERTIFICATE OF STATUS DESIRED \$3. \$8.75 Additional Fee required for a Certificate of Status			
Tampa, Fl	orida				78. Capital Contributions as shown o	n Record:		
Z ip	Country	Zip	Country		\$420,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
33611	Hillsborough				76. Amount of Capital Contributions is	n FLORIDA	to date:	
8. Name and Address of Current Registered Agent					\$420,000			
Name					FEE	B:		
Carroll C					Filing Fee(s): Computed at a rate of: In 7b, with a minimum filing fee of \$5			
	ox Number is Not Acceptable)				for each year due this office.			
	h Nichol Street				2.) Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.			
Sulte, Apt. #, Etc.					3.) Pensity Fee(s): \$500 panelty fee for			
City		Note: If the amount entered in 7b is greater than en State Zip Code 7a, a supplemental affidavit must be submitted along						
Tampa		FL	33611		and appropriate filing fee.			
tor 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) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.								
10. Name(s) of	General Partner(s)		General Partner		City, State and Zip Code	10a.	Registration Document Number	
Lake Fron	t, Inc.	52 Ladoga A	venue	Таг	mpa, FL 33611	L38	405	
Note: Genera	Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
Corporations from on this annual rep	any Kability of non-compliance with	: Section 119.07(3)(i) in the ever r signature shall have the same	nt that the information sup legal effects as if mede u	iplied is d	ption stated in Section 119.07(3)(1), Florida St deemed exempt from public access. I further h. I further certify that I am a General Partner	cerity that the control of the limited	partnership, receiver or	
SIGNATURE								
Typed or Printed Name of	Typed or Printed Name of General Partner Signing Form Cozart							

#0677 P.001/002

Page 1 of 2

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000021947 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)922-4003

From:

Account Name

: MACFARLANE FERGUSON & MCMULLEN

Account Number : 076077001654

Phone

: (B13)273-4304

Fax Number

: (813)273-4396

LIMITED PARTNERSHIP REINSTATEMENT

COZART PROPERTIES, LTD.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$2,061.25