

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 JUL -6 AM 10:14

DOCUMENT # A29502

1. Name of Limited Partnership

SANS SOUCI APARTMENTS, LTD.

DO NOT WRITE IN THIS SPACE.

2. Mailing Address  
9525 E. BROADVIEW DR.  
Suite, Apt. #, etc.

3. Principal Office Address  
SAME  
Suite, Apt. #, etc.

4. Date Formed or Registered  
To Do Business in Florida 11/12/90

5. FEI Number  
65-0186906  
Applied For  
Not Applicable

City & State  
BAY HARBOR ISLANDS, FL  
Zip 33154 Country USA

City & State  
SAME  
Zip 33154 Country USA

6. CERTIFICATE OF STATUS DESIRED ☐ See 25. Additional Fee required for a Certificate of Status.

7. State or Country of Formation FL

8a. Capital Contributions as Shown  
on Record.  
\$308,000.-

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): \$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.  
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

DICKSTEIN, ZENA MANKS  
200 S. BISCAYNE BLVD.  
SUITE 4000  
MIAMI, FL 33121

10. If changed, new registered agent/office

Name  
Street Address (P.O. Box Number is Not Acceptable)  
600002582666-4  
Suite, Apt. #, etc. 07/08/98-01035-003  
City \*\*\*1026.25 \*\*\*1026.25  
Zip Code FL

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

MA & PA, INC.

9525 E. BROADVIEW DR.

BAY HARBOR ISLANDS,  
FL

K54500

REINSTATEMENT

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

*Hyman Manks*

DATE 5/18/98

Typed or Printed Name of General Partner Signing Form

MA & PA, INC. HYMAN MANKS, PRESIDENT

Telephone Number 305 864-7700

CR2E039 (12/97)

STEEL HECTOR & DAVIS LLP  
Requestor's Name

215 SOUTH MONROE ST./SUITE 601  
Address

TALLAHASSEE 32301 222-2300  
City/State/Zip Phone #

CONTACT: ELIZABETH

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. SANS SOUCI APARTMENTS, LTD.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 4:00 ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
XX	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
98 JUL -5 AM 9:53

Examiner's Initials