APPLICATION FOR **REINSTATEMENT** FOR

LIMITED PARTNERSHIP

DOCUMENT #

TILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 SEP 28 PM 4: 13

H30441					
(97)			DO NOT WRITE IN THIS SP ACE		
2. Mailing Address P. D. Cay 363	3. Principal Office Address SX.		4. Date Formed or Registered To Do Business in Florida		
Suite, Apt. #, etc.	Suite, Apt. #. etc		5. FEI Number	Applied For	
Cry & State Chieftings 15-	Chieffand, FC		59-302 0355 6.	Not Applicable	
32664 Country 8.5.	32644 Country	<i>ــکـ</i> ـ	7. Stale or Country of Formation	for a Certificate of Status	
8a. Capital Contributions as Shown on Record.	FFFG	ed at a rate of \$7 per \$1,0	00 on amount entered in 8b, with a minimu	m filing fee of \$52.50 and a maximum of	
900,000.63	\$437.50, for <u>each year due</u> this office. 2.) Supplemental Fee(s): \$103.75 for <u>each year due</u>				
8b. Aniount of Capital Contributions in FLORIDA to date.	 Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent</u>. 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		10. If changed, new registered agent/office			
Allew, Richard R.		Name KIM, CHARLOS P. Z			
725 N.E. IST ST.		Street Address (P.D. Box Number is Not Acceptable)			
GAINISVILLE 12 32601		Suite, Apt. #, etc.			
		Chieffond, FL 32044			
10a. Pursuant to the provisions of sections 620 1051 and 620.192, Florida Statutes, the above-named fimited 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 femiliar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Regi ste red Agent Accepting Appointment) ,	Super y	/		7-28-88	
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 Par (Do NOT Use Post Office Box No	imbers)	City, State and Zip Code	11a. Registration Document Number	
Ferrimore Mill Dw. Corp	725 NB 1X 5	K. GA	Nisville, EC 32601	K65253	
1 000 00			30000026	7-01076 001	
pEMURY 1312,50			***409 /	.00 ***2578 75	
AR- 1712.00			/		
PEMURY- 1,000.00 AR- 1312.50 PROUPLO- 266.25	REINSTATE	NEN I	147-1998	1999	
2,578.75		n	rK)	BR /	
Note: Coneral partners MAY NOT	a changed on this form	· an amandma	nt must be filed to chan	de a deneral nartner	

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 ___(Typed or Printed Name of General Partner Signing Form Charles P. KIN

DATE 9-28-96 Telephone Number 352-483-4787