

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF
STATE
DIVISION OF CORPORATIONS

A30790

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 22 PM 12:44

DOCUMENT # A30790

1. Name of Limited Partnership

THE UNICORN, LTD.

DO NOT WRITE IN THIS SPACE

2. Mailing Address

2631 Barbara Drive

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33316

Country

United States

3. Principal Office Address

2631 Barbara Drive

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33316

Country

United States

4. Date Formed or Registered
To Do Business in Florida

November 7, 1990

5. FEI Number

65-0228946

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

Florida

8a. Capital Contributions as Shown
on Record

\$611,520.00

8b. Amount of Capital Contributions in
FLORIDA to date

\$611,520.00

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 record 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

The Prentice Hall Corporation System, Inc.
1201 Hays Street, Suite 105
Tallahassee, Florida 32301

10. If changed, new registered agent/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)

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)

Atlantic Visions Corp.

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

2631 Barbara Drive

City, State and Zip Code

Ft. Lauderdale, FL
33316

11a. Registration
Document Number

P93000065064

Penalty - 500.00
AA - 875.00
Supp. - 207.50
\$1,582.50

REINSTATEMENT

1997

AK

100002329131--2
-10/24/97--01082--001
***1582.50 ***1582.50

1998
AR.

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

Terry W. Dalton

DATE

10-17-97

Typed or Printed Name of General Partner Signing Form

Atlantic Visions Corp. by Terry W. Dalton

Telephone Number

CR2E039 (1/97)