

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT -8 AM 9:40

DOCUMENT # A 30888

1. Name of Limited Partnership

DEL TURA PLAZA ASSOCIATES, LTD.

9/29/00

900004637219--0  
-10/15/01--01079--023  
\*\*\*2052.50 \*\*\*2052.50

2. Principal Office Address

2038 HENLEY PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

2038 HENLEY PLACE

Suite, Apt. #, etc.

City & State

FT MYERS, FL

City & State

FT MYERS FL

Zip

33901

Country

USA

Zip

33901

Country

USA

8. Name and Address of Current Registered Agent

Name

WILLIAM A. MAHER

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

2038 HENLEY PLACE

Suite, Apt. #, Etc.

City

FT MYERS

State

FL

Zip Code

33901

9. 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)

William A. Maher

DATE

8/31/01

**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)

OPTIMO PLAZA, MC

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

2038 HENLEY PLACE

City, State and Zip Code

FT MYERS, FL 33901  
2000 UBR 437.50  
2001 UBR 437.50  
Penalty 100 500.00  
Penalty 401 500.00  
Supplies 177.50  
2000-2001 2052.50

10a. Registration  
Document Number

F97000001016

**REINSTATEMENT**

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

WILFRED MULLER President OPTIMO PLAZA, MC

DATE

9/12/2001

Telephone Number

941-337-3247

CR2E039 (11/99)