

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
The Secretary of State
Division of Corporations
A31519

FILED

00 SEP 25 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A31519

1. Name of Limited Partnership

The Total Pet Complex at Beach Blvd. East, Ltd.

4/14/95

2. Principal Office Address

PO Box 1294

3. Mailing Office Address

PO Box 1294

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

Zip

32004

Country

USA

Zip

32004

Country

USA

**4. Date Formed or Registered
To Do Business in Florida**

5/8/91

5. FEI Number

59-3023035

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$150,000.00

7b. Amount of Capital Contributions in FLORIDA to date:

\$150,000.00

8. Name and Address of Current Registered Agent

Name

Pamela K. Phillips

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

50 N. Laura Street

Suite, Apt. #, Etc.

Suite 2800

City

Jacksonville

State

FL

Zip Code

32202

FEE:

- 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, 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 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

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)

PK Phillips

DATE

Sept 20, 2000

**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)

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

City, State and Zip Code

**10a. Registration
Document Number**

The Total Pet Complex at
Beach Blvd. East, Inc.

14333 Beach Blvd. E.
Beach

Jacksonville, FL 32250

L72987

ADM 3000.00
AR 2625.00
AR SUPP 532.50
COW 8.75
\$6,166.25

REINSTATEMENT

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-10/05/00--01122--003
***6166.25 ***6166.25

(Signature)

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

DATE 9/20/00

Typed or Printed Name of General Partner Signing Form

Jay A. Shapiro, President

Telephone Number (904) 607-0168

CR2039 (1/79)