

APPLICATION OF REINSTATEMENT FOR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>A31911</b>		FILED 99 JUN 23 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership <b>WALKER FAMILY Limited Partnership</b>		DO NOT WRITE IN THIS SPACE	
2. Mailing Address <b>1700 N. McMullan Blvd Suite D-2 Clearwater FL 33759 USA</b>	3. Principal Office Address <b>Same</b>	4. Date Formed or Registered To Do Business in Florida <b>08/26/1991</b>	5. FEI Number <b>99 3080978</b>
8a. Capital Contributions as Shown on Record <b>1800.00</b>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
8b. Amount of Capital Contributions in FLORIDA to date		7. State or Country of Formation	
9. Name and Address of Current Registered Agent <b>WALKER DAVID R. 2114 MEADOW BROOK DR CLEARWATER FL 33758</b>		10. If changed, new registered agent/office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> 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) <b>[Signature]</b> DATE <b>6/21/99</b>			
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) <b>WALKER DAVID R.</b>	Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>2114 MEADOW BROOK DR</b>	City, State and Zip Code <b>CLEARWATER FL 3300002921613--9</b>	11a. Registration Document Number <b>-07/01/99--01103--002</b> <b>****641.25 ****641.25</b>
		<b>REINSTATEMENT</b> <b>99</b> <b>[Signature]</b>	
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 <b>[Signature]</b> DATE Name of General Partner Signing Form <b>DAVID R. WALKER</b> Telephone Number <b>727-669-7036</b>			

CR2E039 (12/98)