APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 OCT -3 PM 3: 04

DOCUMENT # A32403

1. Namo of Limited Partnership

Golden Oaks of Florida Limited Partnership

|   |  | •   |   | DO NOT WRITE IN THIS SPACE.   |  |  |                                |                                 |                                       |             |
|---|--|---|---|---|--|--|--------------------------------|---------------------------------|---------------------------------------|-------------|
| 2. Mailing Address<br>390 N. Orang  | e Ave.   | 3. Principal Office Address<br>950 N. Orland  |   | 4. Date Formed or Registered To Do Business in Florida 12/27/91                                 |  |  |                                |                                 |                                       |             |
| Suite, Apt #.etc<br>Ste. 1100   |  | Suite. Apt. #, etc.<br>Ste. 320   |   |   | 5. FEI Number  |  |                                |                                 | Applied For                           |             |
| City & Şiete  |  | City & State  |   |   | 593119710  |  |                                |                                 | Not Applicab                          | ole         |
| Orlando, FL  Country  |  | Winter Park,  | Country                                       |   | 6. CERTIFICATE OF STATUS DESIRED \$ 88.75 Additional fice required for a Certificate of Status |  |                                |                                 |                                       |             |
| 32801   | USA  | 32789   | 2789 USA                                      |   | 7. State or Country of Formation Florida   |  |                                |                                 |                                       |             |
| 8b. Amount of Capital Co<br>FLORIDA to date:  | ,797.00  | 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 \$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 report 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. |   |   |  |  |                                |                                 |                                       | of          |
| 9.  | Name and Address of Current R  | ···   |   |   | 10.3 (a pa papa sa popa a popa 2 3 5 5   |  |                                |                                 |                                       |             |
| B&C Corporat  | e Services of C  | entral Florida,   | Name<br>Street Ad                             | Name -10/06/9701166002  Street Address (P.O. Box Number is Not Acceptable **1002.50 ****1002.50 |  |  |                                |                                 |                                       |             |
| 390 N. Orang<br>Ste. 1100   | e Ave.   |   | L   | Suite, Apt. #, etc.   |  |  |                                |                                 |                                       |             |
| Orlando, FL   | 32801  | City  |   |   |  |  | FL Zip Code                    |                                 |                                       |             |
| for the purpose of c  | hanging its registered office or reg<br>with, and accept the obligations o | 20.192, Florida Statutes, the abov<br>gistored aggnt, or 19th, in the Stat<br>I section 5.0.194, lorida Statutes  | e-named limited part<br>e of Florida. Such ch | tnership organiz<br>lange was autho   | ed or register<br>rized by its ge  | ed under the laws of the<br>ineral partner(s). I heret<br>DATE | State of Flor<br>by accept the | ida, submil<br>appointme<br>197 | s this statement<br>ant of registered |             |
| A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. |  |   |   |   |  |  |                                |                                 |                                       |             |
| 11. Names of Genor  | al Partner(s)  | Address of Each Ge<br>(Do NOT Use Post Offic  |   | City, State and Zip Code  |  |  | 11a.                           |                                 | istration<br>ent Number               |             |
| Golden Oaks,  | Inc.   | 950 N. Orlando<br>Ste. 320  | Ave.  | Winter  | Park,  | FL 32789   | P94                            | 00000                           | X268                                  |             |
| MBE Construction and Marine Institute, Inc. 4 Palm Drive  |  |   |   | Ormond Beach, FL 32176 N37855   |  |  |                                |                                 | CR2E039 (1/97)                        |             |
| •   |  |   |   | see<br>REIN   | STA  | whout<br>TEMEN   | IT C                           | 77                              | -98                                   | S           |
|   |  |   |   | Rein  | stater   | ent fee  | 1083                           |                                 | W<br>DARF                             | )[]<br>[425 |
| Note: General p   | artners MAY NOT t  | e changed on this   | form; an an                                   | nendmen   | t must b   | e filed to cha   | nge a g                        | əneral                          | 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, receivor or truster |
|     | empowered to execute Mis) aport as required by chapter 620. Florida Statutes.  |
|     |  |

**SIGNATURE** 

Preston Perone, Vice President
Typed or Prinled Name of General Parkner Signing Form Golden Oaks, Inc.

Telephone Number 407-628-4544

Ms. Lori Dunlap October 2, 1997 Page 2 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 OCT -3 PM 3: 04

Also enclosed are the following checks:

No. 3290 \$ 297.50 - MBE Reinstatement

No. 3289 1,082.50 - Golden Reinstatement and 1998 Annual Report filing

No. 3122 1,750.00 - Supplemental Affidavit

Please remind Buck Kohr that the State has agreed to waive the \$500.00 reinstatement penalty assessed to Golden due to the State's error in forwarding the 1997 Annual Report to an incorrect address.

Please see that all documents are forwarded to Buck Kohr at the State for filing IN THE ORDER LISTED as soon as possible. Please obtain a Certificate of Good Standing for each of MBE and Golden as noted on their reinstatement applications. Please advance all fees not otherwise enclosed in order to facilitate these filings.

If you have any questions regarding this matter, please let me know. Thank you for your assistance.

Very truly yours,

Muci C. Mylla Janice C. Myers

Paralegal

/jcm Enclosures