

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
Sandra Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY 13 AM 10:01

DOCUMENT #

1. Name of Limited Partnership

Renegade Partners Limited Partnership

4/10/98

DO NOT WRITE IN THIS SPACE.

2. Mailing Address

900 Circle 75 Parkway

Suite, Apt. #, etc.

Suite 750

City & State

Atlanta GA

Zip

30339

Country

USA

3. Principal Office Address

900 Circle 75 Parkway

Suite, Apt. #, etc.

Suite 750

City & State

Atlanta GA

Zip

30339

Country

USA

4. Date Formed or Registered To Do Business in Florida

07/26/88

5. FEI Number

58-1803283

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

See 29. Additional Fee required for a Certificate of Status.

7. State or Country of Formation

Georgia

8a. Capital Contributions as Shown on Record

0 \$0

8b. Amount of Capital Contributions in FLORIDA to date

0

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): \$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 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 Practice - Hall Corporation System, Inc.
1301 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.

6000002531016-4

City

-05/21/98 - 010000002

*****641.2FL****641.25*

10a. Pursuant to the provisions of sections 620.10(1) 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.

Judith S. Blawett

SIGNATURE (Registered Agent Accepting Appointment)

DATE

5/13/98

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)

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

City, State and Zip Code

11a. Registration Document Number

Renegade Management Corporation

900 Circle 75 Parkway

Suite 750

Atlanta, GA 30339

Atlanta GA 30339

P39553

P39553

PRWATY - 500.00

AVR 52.50

ARSUPP 88.75

\$ 641.25

REINSTATEMENT 1998

(MK)

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 with authority under the provisions of 620.192, Florida Statutes.

SIGNATURE *Renegade Mgmt Corp., General Partner*

DATE

4/23/98

Typed or Printed Name of General Partner Signing Form

Roger Sheffield

Telephone Number

770-953-1557

CR2E039 (12/97)