

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 AUG 12 PM 1:04	
DOCUMENT # A92000000173					
1. Name of Limited Partnership Tulip Limited Partnership					
DO NOT WRITE IN THIS SPACE					
2. Mailing Address 210 Crown Point Cir Suite 208 Longwood, FL 32791 U.S.A.		3. Principal Office Address 100 Blue Lake ct Longwood FL 32779 U.S.A.		4. Date Formed or Registered To Do Business in Florida 12/14/1992	
5. FEI Number 59-3171469		Applied For ☐ Not Applicable		6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	
7. State or Country of Formation Florida					
8a. Capital Contributions as Shown on Record \$1,750.00		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 of \$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.			
8b. Amount of Capital Contributions in FLORIDA to date. \$1,750.00					
9. Name and Address of Current Registered Agent Charles J. Givens Jr. 100 Blue Lake ct Longwood, FL 32779		10. If changed, new registered agent/office Name CHARLES J. GIVENS Street Address (P.O. Box Number is Not Acceptable) 210 CROWN POINT CR. SUITE 208 LONGWOOD FL 32779			
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) Charles J. Givens Jr. DATE 8-4-97					
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	
Charles J. Givens Jr.		100 Blue Lake ct		Longwood, FL 32779	
Charles J. Givens III		28931 Winners Cir, Dr.		Tallahassee, FL 32308	
Robert W. Givens		1036 Golf Valley Dr.		APOLKA FL 32718	
94 500 52.50 103.75		95 500 52.50 103.75		96 500 52.50 103.75	
97 500 52.50 103.75					
* THESE ARE LIMITED PARTNERS					
. 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 form 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 effect 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 Charles J. Givens Jr.		DATE 07/28/97			
Typed or Printed Name of General Partner Signing Form Charles J. Givens Jr.		Telephone Number 407-788-3163			

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