

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # A 93000000293			99 MAY 24 PM 1:36			
1. Name of Limited Partnership Dibbs Family Partnership, Ltd.						
DO NOT WRITE IN THIS SPACE						
2. Mailing Address 5812 N. 22nd Street Suite Apt #, etc. City & State Tampa, FL 33610 Zip 33610 Country USA		3. Principal Office Address 5812 N. 22nd Street Suite Apt #, etc. City & State Tampa, FL Zip 33610 Country USA		4. Date Formed or Registered To Do Business in Florida 3/19/93		
5. FEI Number 59-3170540		6. CERTIFICATE OF STATUS DESIRED ☐		7. State or Country of Formation Florida		
8a. Capital Contributions as Shown on Record 10,000,000.-		8b. Amount of Capital Contributions in FLORIDA to date 500,000.-		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 Dibbs, Stephen J. 5812 North 22nd Street Tampa, FL 33610			10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) Suite Apt #, etc. City FL 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, the undersigned, am familiar with, and accept the obligations of section 620.192, Florida Statutes.						
SIGNATURE (Registered Agent Accepting Appointment) <i>Stephen J. Dibbs</i> DATE						
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) Dibbs, Stephen J.		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5812 N. 22nd St.		City, State and Zip Code Tampa, FL 33610		
11a. Registration Document Number 9000002887879--2 -05/27/98--01007--0006 ***1026.25 ***1026.25		REINSTATEMENT 9901A \$526.25-AR \$500.00-Penalty				
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 <i>Stephen J. Dibbs</i>		DATE 5-19-99				
Typed or Printed Name of General Partner Signing Form Stephen J. Dibbs		Telephone Number 813 239-5969				

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