

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

***FILED**
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 11 AM 8:31

DOCUMENT # A93000001416

1. Name of Limited Partnership

NICHOLS ASSOCIATES, LTD

2. Principal Office Address

4907 SE 51ST STREET

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33314

Country

USA

3. Mailing Office Address

4907 SE 51ST STREET

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33314

Country

USA

4. Date Formed or Registered
To Do Business in Florida

12/27/93

5. FEI Number

65-0475639

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

693,005.00

7b. Amount of Capital Contributions in FLORIDA to date:

693,005.00

8. Name and Address of Current Registered Agent

Name

BILL NICHOLS

Street Address (P.O. Box Number is Not Acceptable)

4907 SE 51ST STREET

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33314

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, 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 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. 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)

Billy J. Nichols

DATE

1/25/05

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

NICHOLS, BILLY J.

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

2 FIESTA WAY

City, State and Zip Code

FORT LAUDERDALE, FL
33301

10a. Registration
Document Number

REINSTATEMENT 02-05

000046851450
02/18/05--01010--011 **4105.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

Billy J. Nichols

DATE

1/25/05

Typed or Printed Name of General Partner Signing Form

BILLY J. NICHOLS

Telephone Number

954 925-4280

CR2E039 (10/02)