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APPLICATION FOR REINSTAFEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FIL.ED 97 MAY -7 PH 3: 38			
FOR LIMITED PARTNERSHIP								
DOCUMENT # 19 1. Name of Limited Partnership	, ,	4000000	075	SECRETARY OF STATE TALLAHASSEE FLORIDA				
The Spivey Family Limite	ed Partners	hip			DO NOT WRITE	IN THIS SPACE		
2. Pailing Address 1243	3. Principal Of			4. Date Formed or Registered To Do Business in Florida 11/5/96				
Suite Apt #, etc.		Same Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State Auburndale, Fl 33823	City & State	City & State			59-7083307 Not Applicable 6. S8 /o Additional For required			
33823 Country	Zip	Žip Country		7. State or Country of Formation Florida			atus -	
8a. Capital Contributions as Shown on Record	FEES:1.)	Filing Fee(s): Comput \$437.50, for each yes		000 on amount enters	od in 8b, with a minimu	m filing fee of \$52.50 and a maxim	num of	
8b. Amount of Capital Contributions in \$19 al."		Supplemental Fee(s): Penalty Fee(s): \$500	\$103.75 for each year of penalty fee for each year	report form is delinou	ent	rear. submitted along with a separate s	and	
9. Name and Address of Curren	nt Registered Agent	· · · · · · · · · · · · · · · · · · ·	<u> </u>	10. If chan-	ged, new registered a	gent/office	2	
Jim C. Spivey Pro. Box 1243 Auburndale, Fl 33823				200021737323 (P.O. Box Number is Not Accepted/5/09/9701121001 *****\$41.25 ****\$541.25				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City			FL Zip Code		
10a. Pursuant to the provisions of sections 620,1051 art for the purpose of changing its registered office or agent 4 am familiar with, and accept the obligation	r registered agent, or bo	oth, in the State of Flor						
SIGNATURE (Registered Agent Accepting Appointment): A GENERAL PARTNER THAT	US A CORP	ORATION, L	IMITED PAR	THERSHIP	OR OTHER	BUSINESS ENTI		
MUS	T BE REGIS	TERED AN	D ACTIVE WI	TH THIS O	FFICE.	· · · · · · · · · · · · · · · · · · ·		
11. Names of General Parlner(s)		use Post Office Box N		City, State and I	Zip Code	11a. Registration Document Number	r	
John C. Spivey Jim C. Spivey	% 1310 Ca	arr Drive	Au	burndale,	F1 33823	A94000000075		
Mary E. Spivey	76 II	ts in		M	n n	assix to a	CR2E039 (1/97).	
•			S	my	John by	hope rober	CRZEO	
,•					**			
Nôte: General partners MAY NO	T be changed	on this form	; an amendm	ent must be	filed to chan	ge a general partne	er.	
 I do hereby certily that the information supplied with Corporations from any liability of non-compliance with this annual report is true and accurate and that my s 	this filing is voluntarily fith Section 119.07(3)(k) isignature shall have the	furnished and does no in the event that the in same legal effects as	t qualify for the exemption	n stated in Section 1	19.07(3)(k), Florida Sta iblic access. I further o	stutes. I release the Division of certify that the Information indicate	ed on	
empowered to execute this report as required by ch	aprer 620, Horida Statu	iles.				-//		

Jim C. Spivey, as Trustee and as Telephone Number 941 967-8527
Executor for the Estates of John C. Spivey and Mary E. Spivey

SIGNATURE





Spivey Groves =

A9400000075

May 5, 1997

State of Florida Dept. of State Divisions of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Reference #: A94000000075

Attn: Prenda Tadlock

As per our phone conversation May 5, 1996 I did not receive the

application for Limited Partnership for The Spivey Family Trust.

As I told you on the phone my father passed away September 27, 1997 and my mother passed away December 20, 1997. They had an accountant that was suppose to take care of these matters, but he has done a miserable job. I am the Trustee of the partnership and I am working very hard trying to solve all these problems,

Enclosed is a check for \$541.25 and the reinstatement for limited partnership document.

Thank you for help and kindness.

Sincerely, __