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APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP



FLORIDA DE PARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE DIVISION OF CORPORATIONS

99 MAY -4 AM 9: 28

**DOCUMENT #** A94000000203 1. Name of Limited Partnership

JACKSONVILLE COVE PARTNERS, LTD.

					DO NOS WRITE IN THIS SPACE				
2 Mailing Address 3rd Ct. 3.5 Frincipal Office Address 2500-2600 B			Beacl	n Blvd	i.	4. Date Formed or Registered to Do Business in Florida 2/18/1994			
Suite Apt #, etc 2.1.1 City & State		Suite Apt #, etc			5. Ft   Number		T	Appred for	
					59-3225705			Not Applicable	
	Beach, Fl.	Jacksonville, Fl.				6. CERTIFICATE OF STATUS D			nal Fee require
<sup>Zip</sup> 33441	Country	32250	Country	ſ	-	7. State or Country of Formatic			cate of Status
8a. Capital Contributions as Snown on Record 300,000.00  8b. Amount of Capital Contributions in FLORIDA to date		3) Penalty Fee(s): \$500 penalty fee for each year				on amount entered in 8b, with a m			nd a maximum o
					each year repo	tive this office, beginning with 1992 calendar year. At report form is defination! entered in 8a, a supplemental affidavit must be submitted along with a separate and			
9.	Name and Address of Current	Registered Agent		T	10. If changed, new registered agent/office				
Gulden, J.K.			Name						
	larina & Resta		•	Street Add	ress (PO Box	Number Is Not Acceptable)			
	d Ct., Suite Beach, Fl.		211 3441		Sorie Apt # etc				
Decriera	beach, 11.	22441			EI 7794				
		BE REGISTER Address of Ea	RED AN	D ACTIV	PARTN VE WITH	DAT IERSHIP OR OTH I THIS OFFICE. City, State and Zip Code		Hegic	strations
TI. Names of Gene	in the (a)	(Do NOT Use Po	st Office Box N	umbers)	ļ			Docume	nt Number
The Cove Marina & Restaurant		1754 SE T	hird (	Ct.	Deerf	ield Beach, F	- 1	20	
			an is most be the	A STATE OF A BYG		400002 05/1 	2 <b>3 7 1 (</b> 11/830) 103 <b>5 .</b> 00	1040	-055
			The second second			1. 1.6.4.1	-		
Note∮ General	partners MAY NOT	be changed on	this form	; an am	endment	t must be filed to cl	nange a ge	eneral	partner.
Corporations from an	at the information supplied with th ly kability of non-compliance with rue and accurate and that my sig	Section 119 07(3)(k) in the er	verit that the inf	ormation supp	plied is deemed	Lexempt from public access. Hur	rther certify that th	e informatic	or indicated on

SIGNATURE Susan M. Gulden V.P. The Ove Marine Rest DATE 4/28/99

Typed or Printed Name of General Partner Signing Form Susan M. Gulden V.P. The Cove 16'ephone Number (954) 427-0 #PL . Telephone Number (954) 427-0353