

APPLICATION FOR
REINSTATEMENT
OR
LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF REVENUE
and
SECRETARY OF STATE
DIVISION OF CORPORATIONS

A94 000000392

FILED
97 JAN 31 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE.

DOCUMENT # A94000000392
1. Name of Limited Partnership
KLAAS
KLAAS FAMILY LIMITED PARTNERSHIP

2. Mailing Address **1150 N 35 AVE**
3700 Washington St.
Suite, Apt. #, etc **Suite 502 Suite 330**
City & State **Hollywood, FL**
Zip **33021** Country

3. Principal Office Address **1150 N 35 AVE**
3700 Washington St.
Suite, Apt. #, etc **Suite 502 Suite 330**
City & State **Hollywood, FL**
Zip **33021** Country

4. Date Formed or Registered To Do Business in Florida **March 25, 1994**

5. FEI Number **Yax ID #**
65-0480650 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
190,120.00

8b. Amount of Capital Contributions in FLORIDA to date
190,120.00

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): \$138.75 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
MICHAEL M. WALLACK, ESQ.
2055 Wood Street, Suite 215
Sarasota, FL 34237

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 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) _____ 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)	Address of Each General Partner (DO NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
JOEL V. KLAAS	1737 S.E. 13th St.	Ft. Lauderdale, FL 33316	900002077809--9 -02/05/97--01013--014 ***1661.25 ***1661.25 REINSTATEMENT. 96-97 CM cus \$1152.50-AR Fe. \$500.00-Penalty \$8.75-cus

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 Joel V. Klaas, General Partner DATE 12-10-96
Typed or Printed Name of General Partner Signing Form JOEL V. KLAAS, General Partner Telephone Number 954-961-1512

A94000000392

LAW OFFICES

MICHAEL M. WALLACK, J.D., CHARTERED

A FLORIDA PROFESSIONAL ASSOCIATION

MICHAEL M. WALLACK
ATTORNEY

January 28, 1997

2055 Wood St., Suite 215
Sarasota, FL 34237
Tel: (941) 954 1260
Fax: (941) 366 9063
E-mail: MikeW99494@aol.com

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Attn: Cathy A. Mitchell, Corporate Specialist

Re: Klass Family Limited Partnership; Ref. Number: A94000000392; Letter Number: 197A00001240

Dear Ms. Mitchell:

In accordance with our telephone conversation of last week, I am returning herewith the following items:

- Your letter number 197A00001240
- Application for Reinstatement for Limited Partnership (which you had returned to my client with your letter)
- Check to Florida department of State for \$1,661.25 (which you had returned to my client with your letter)
- My original letter of transmittal dated December 30, 1996 (which you had returned to my client with your letter)
- Copy of UPS overnight letter receipt showing that we sent the materials to you overnight on December 30th, 1996 (so that the materials would have been delivered to you on December 31st).

As we discussed, before sending these materials, I confirmed with your offices that \$1,661.25 was the appropriate amount so long as the materials were received by your offices prior to the end of the year. As we also discussed, we did in fact provide the necessary materials to your office prior to the end of the year.

In light of the foregoing, and in accordance with our discussion, please consider the enclosed materials timely filed on or before December 31, 1996, and please reinstate the Klass Family Limited Partnership.

Thank you for your kind assistance in this matter. Of course, should you have any questions, please call.

Very truly yours,

MICHAEL M. WALLACK

MMW/rb

cc: Joel V. Klass, MD

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