

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 17 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000000983

1. Name of Limited Partnership

Youngblood Family Limited Partnership

2. Principal Office Address

1110 N. DILLARD STREET

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 770454

Suite, Apt. #, etc.

City & State

WINTER GARDEN, FL

Zip

34787

Country

USA

City & State

WINTER GARDEN, FL

Zip

34777

Country

USA

8. Name and Address of Current Registered Agent

Name

B.C. Youngblood

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

436 BUTLER AVE

Suite, Apt. #, Etc.

City

WINDERMERE

State

FL

Zip Code

34786

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)

[Signature]

DATE

4/20/2000

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)

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

City, State and Zip Code

10a. Registration
Document Number

Youngblood, B.C.

436 BUTLER AVE.

WINDERMERE, FL

34786
800003265868-6

Youngblood, ELMER B.

9155 BAY POINT DR.

ORLANDO, FL

32819
705/24/00-01100-009
***5131.25 ***5131.25

96 500 437.50 88.75
97 500 437.50 88.75
98 500 437.50 88.75
99 500 437.50 88.75
00 500 437.50 88.75

REINSTATEMENT

96-00
dec

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

[Signature]

DATE

4/20/2000

Telephone Number

407-656-1818

Typed or Printed Name of General Partner Signing Form