

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

LIMITED
PARTNERSHIP
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Kathleen H.
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 28 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000001065

1. Name of Limited Partnership

THE FINLEY FAMILY LIMITED PARTNERSHIP

2. Principal Office Address

631 Soquili Trail

Suite, Apt. #, etc.

City & State

Jasper, Georgia

Zip

Country

U.S.A.

3. Mailing Office Address

631 Soquili Trail

Suite, Apt. #, etc.

City & State

Jasper, Georgia

Zip

Country

U.S.A.

4. Date Formed or Registered
To Do Business in Florida

08/04/1994

5. FEI Number

65-0521206

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:-

\$10,000.00

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

\$15,262.37

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.

8. Name and Address of Current Registered Agent

Name

William M. Burke

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

4001 Tamiami Trail North

Suite, Apt. #, Etc.

Suite 404

City

Naples

State

FL

Zip Code

34103

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)

William M. Burke

DATE 11/12/2000

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)

Finley, Jena B.

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

631 Soquili Trail

City, State and Zip Code

Jasper, Georgia 30143

10a. Registration
Document Number

300003479023--5

Adm - 500.00

AR 106.82

ARSUPP 88.75

CVS 8.75

\$ 704.32

REINSTATEMENT 2000

Finley *CVS*

BK

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

Jena B. Finley

DATE

11/12/00

Typed or Printed Name of General Partner Signing Form

Jena B. Finley, General Partner

Telephone Number (770) 893-1752

CR2E039 (9/00)



A940U0001065

(2)

ACCOUNT NO. : 072100000032

REFERENCE : 910670 6258A

AUTHORIZATION : Patricia Pyjunt

COST LIMIT : \$ ~~756.02~~

ORDER DATE : November 28, 2000

ORDER TIME : 1:45 PM

704.32

ORDER NO. : 910670-005

CUSTOMER NO: 6258A

CUSTOMER: William L. Owens, Esq
Bond Schoeneck & King, P.a.
Suite 250
4001 Tamiami Trail North
Naples, FL 34103

FILED
00 NOV 28 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: THE FINLEY FAMILY LIMITED
PARTNERSHIP

RECEIVED
00 NOV 28 PM 3:15
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

FILE-IST

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS _____

mpc 11/28