

APPLICATION FOR <b>REINSTATEMENT</b> FOR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 31 PM 4: 54	
A94000001387					
DOCUMENT # <u>A94000001387</u>					
1. Name of Limited Partnership <u>WINSTON HOLDINGS LIMITED PARTNERSHIP</u> <u>P.O. BOX 3591</u> <u>WEST PALM BEACH, FL 33401</u>					
2. Mailing Address <u>P.O. BOX 3591</u> Suite, Apt. #, etc.		3. Principal Office Address <u>700 NO. OLIVE AVE.</u> Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida <u>10/10/94</u>	
City & State <u>WEST PALM BEACH</u>		City & State <u>FL.</u>		5. FEI Number <u>05-0523005</u>	
Zip <u>33402</u>		Country <u>U.S.A.</u>		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. State or Country of Formation <u>PALM BEACH COUNTY</u>					
8a. Capital Contributions as Shown on Record: <u>34,000</u>		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): \$103.75 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.			
8b. Amount of Capital Contributions in FLORIDA to date <u>34,000</u>					
9. Name and Address of Current Registered Agent <u>JEFFREY ASKEN</u> <u>700 NO. OLIVE AVE.</u> <u>WEST PALM BEACH, FL. 33401</u>			10. If changed, new registered agent/office Name Street Address (P.O. Box Number, if Not Acceptable) <u>300002735403--1</u> Suite, Apt. #, etc. <u>-01/08/99--01109--001</u> City <u>FL</u> Zip Code <u>33401</u>		
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) <u>[Signature]</u> 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) <u>WRIGHT SAILING, INC</u> <u>PRVACTY 500.00</u> <u>AR 476.00</u> <u>ASBORN 177.50</u> <u>CUS 8.75</u> <u>1162.25</u>		Address of Each General Partner (Do NOT Use Post Office Box Numbers) <u>700 NO. OLIVE AVE.</u> <u>13K 12/31/98</u>		City, State and Zip Code <u>WEST PALM BEACH, FL.</u> <u>33411</u> <u>300002735403--1</u> <u>-01/08/99--01109--002</u> <u>***311.75</u> <u>98 DEC 31 PM 4: 54</u> <u>FILED</u> <u>SECRETARY OF STATE</u> <u>DIVISION OF CORPORATIONS</u>	
11a. Registration Document Number: <u>F94000005311</u>					
REINSTATEMENT 1998 1999					
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 <u>[Signature]</u>		DATE <u>7/16/98</u>			
Typed or Printed Name of General Partner Signing Form <u>CHARLES J. MICHAUD</u>		Telephone Number <u>401-284-3911</u>			

CR2E039 (1/97)