

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 26 AM 9:51

**DOCUMENT #**

1. Name of Limited Partnership

A94000001476  
Paul C. Kanavos Investment, Ltd

900075898579  
06/07/06--01003--022 \*\*2000.00

900075898579  
06/07/06--01003--021 \*\*1000.00

2. Principal Office Address

650 Madison Av.

Suite, Apt. #, etc.

15th Floor

City & State

NY, NY

Zip

10022

Country

USA

3. Mailing Office Address

650 Madison Av

Suite, Apt. #, etc.

15th Floor

City & State

NY, NY

Zip

10022

Country

USA

CR2E039 (11/05)

4. Date Formed or Registered  
To Do Business in Florida

12/9/96

5. FEI Number

650535770

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Paul C. Kanavos

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

106 Hancock Bridge, Unit D15-543

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33991

**7. FEES:**

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited  
partnership revoked on our records

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

*Paul C. Kanavos*

(REGISTERED AGENT MUST SIGN)

DATE

5/11/06

**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

PCK Investment Co,  
Inc

18551 North  
Tamiami Trail

North Ft. Myers,  
FL 33903

P94000076736

REINSTATEMENT

04-06

**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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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

*Paul C. Kanavos*

DATE

5/11/06

Typed or Printed Name of General Partner Signing Form

Paul C. Kanavos

Telephone Number

212-796-8189