

APPLICATION FOR
~~REINSTATEMENT~~ 1999
FOR AR

LIMITED PARTNERSHIP



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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUN 10 AM 9:28

DOCUMENT # **A95000000220**

1. Name of Limited Partnership
DAVIDOW FAMILY INVESTMENT COMPANY, LTD.

DO NOT WRITE IN THIS SPACE

2. Mailing Address
1591 BREAKERS WEST BLVD
Suite, Apt. #, etc.

3. Principal Office Address
1591 BREAKERS WEST BLVD
Suite, Apt. #, etc.

4. Date Formed or Registered
To Do Business in Florida **2/1/95**

City & State
WEST PALM BEACH, FL.
Zip **33411** Country **PALM BEACH**

City & State
WEST PALM BEACH, FL.
Zip **33411** Country **PALM BEACH**

5. FEI Number
65-0627907

Applicable 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, U.S.A.**

8a. Capital Contributions as Shown on Record
\$50,000.00

8b. Amount of Capital Contributions in FLORIDA to date
\$50,000.00

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 \$12.50 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 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

DANIEL B. DAVIDOW
1591 Breakers West Blvd.
West Palm Beach, FL. 33411

10. If changing, 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

DANIEL B. DAVIDOW

1591 BREAKERS WEST BLVD

**WEST PALM BEACH
FL. 33411**

9000002902769--6
-06/14/99--01004--008
*******526.75 *****526.25**

9000002902769--6
-06/14/99--01004--009
*******8.75 *****8.75**

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 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 *Daniel B. Davidow*

DATE **5/13/99**

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E039 (12/98)

②

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Daniel B. Davidow
1591 Breakers West Blvd.
West Palm Beach, FL 33411

99 JUN 10 AM 9:28

May 13, 1999

Secretary of State
Tallahassee, Florida

Re: Annual Report for Davidow Family Investment Company, Ltd.

Dear Sir or Madam:

Please find enclosed the completed form for reinstatement of the afore-named limited partnership along with a check for annual fee. Please be advised that I did not receive the Annual Report for 1999. Therefore, please abate the penalty for reinstating the limited partnership.

If you have any questions, please do not hesitate to call.

Sincerely,



Daniel B. Davidow