

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP
Annual Rpt. 1998
DOCUMENT # A 95000000 249

 FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SANS Sanci Partnership
Limited

2. Mailing Address

2120 Laguna Drive

Suite, Apt. #, etc.

City & State

Duquoin FLA

Zip

34698

Country

PINELLAS

3. Principal Office Address

825 5th Street SE

Suite, Apt. #, etc.

City & State

Tampa Springs

Zip

34689

Country

PINELLAS

4. Date Formed or
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$175 Additional Fee required
for a Certificate of Status

7. State or Country of Formation

8a. Capital Contributions as Shown
on Record

\$250,000.00

8b. Amount of Capital Contributions in
FLORIDA to date

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): \$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

MARK AMOS
2120 Laguna Dr.
Duquoin FLA 34698

10. If changed, 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

MARK AMOS

2120 Laguna Drive

Duquoin FLA.

A9500000249

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-05/05/98--01106--005
*****526.25 *****526.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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

Mark Amos

DATE

4-27-98

Typed or Printed Name of General Partner Signing Form

Mark Amos

Telephone Number

813 834-5751

CR2E039 (12/97)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 15, 1998

SANS SOUCI PARTNERSHIP, LIMITED
3639 IMPERIAL RIDGE
PALM HARBOR, FL 34684

SUBJECT: SANS SOUCI PARTNERSHIP, LIMITED

DOCUMENT NUMBER: A95000000249
Debit Memo:

Enclosed is a Certificate of Revocation revoking the authority of SANS SOUCI PARTNERSHIP, LIMITED, to transact business in Florida. This revocation is in accordance with Chapter 620, Florida Statutes.

If you have any questions concerning the enclosed information or regarding the reinstatement, please contact the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 (850) 487-6051.

*Did Not Receive
Previous Filing Forms*

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