

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



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

FILED

97 SEP 29 AM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **A95 000000697**

1. Name of Limited Partnership

**QUAGGA TELEVISION PARTNERS
LIMITED PARTNERSHIP**

2. Mailing Address

DRAWER 367

Suite, Apt. #, etc.

City & State

OXFORD, FL

Zip

34484

Country

USA

3. Principal Office Address

14400 SW 46TH CT.

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34473

Country

USA

4. Date Formed or Registered
To Do Business in Florida

04/28/1995

5. FEI Number

59-3306131

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRE

**\$8.75 Additional Fee required
for a Certificate of Status**

7. State or Country of Formation

FLORIDA

8a. Capital Contributions as Shown
on Record

\$350,000

8b. Amount of Capital Contributions in
FLORIDA to date

\$170,000

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.

9. Name and Address of Current Registered Agent

**LARRY D. FAW
14400 SW 46TH CT.
OCALA, FL 34473**

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)

Larry D. Faw as Registered Agent

DATE

9-27-97

**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

HEFLER, ROGER H.

22 SEMINOLE PATH

WILLOWOOD, FL 34785

FAW, LARRY D.

14400 SW 46TH CT.

OCALA, FL 34473

**500.00 437.50
437.50**

**103.75
103.75**

REINSTATEMENT

**500.00 437.50
-10/01/97--01101--001
***1582.00 ***1582.00**

**97-28
du**

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

Larry D. Faw as Managing General Partner

DATE

9-27-97

Typed or Printed Name of General Partner Signing Form

LARRY D. FAW

Telephone Number

352-347-3947

CR2E039 (1/97)

QUAGGA TELEVISION PARTNERS, L.P.

**DRAWER THREE HUNDRED SIXTY-SEVEN
OXFORD, FLORIDA 34484 U.S.A.
DIRECT LINE: (352) 347-3947**

From the desk of:

Larry D. Faw
Managing Partner

September 27, 1997

Division of Corporations
Attn: Partnership Section
P.O. Box 6327
Tallahassee, FL 32314

Dear Partnership Representative:

Attached you will find an "Application For Reinstatement For Limited Partnership" and a Bank Cheque for \$1,582.00 as tabulated by a Representative in your Division. We respectfully request the Reinstatement of Quagga Television Partners Limited Partnership, whose operations were temporarily interrupted this past year due to a medical leave of absence of the Managing General Partner, whose participation was a key ingredient to the Partnership's operations. On behalf of the Partners we respectfully request that our application for Reinstatement be reviewed and granted.

With kindest regards,


Larry D. Faw

Enclosures: Application
Bank Cheque