

PLEASE REPLY TO THIS OFFICE IN ORDER TO COMPLY WITH THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC 28 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000001186

1. Name of Limited Partnership

Ytong Florida, Ltd.

2. Principal Office Address

1930 Lars Sjoborg Blvd.

Suite, Apt. #, etc.

City & State

Haines City, Florida

Zip

33844

Country

USA

3. Mailing Office Address

150 E. Ponce de Leon Avenue

Suite, Apt. #, etc.

Suite 450

City & State

Decatur, Georgia

Zip

30030

Country

USA

**4. Date Formed or Registered
To Do Business in Florida**

8/7/95

5. FEI Number

59-3329439

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75. Additional Fee required
for a Certificate of Status**

7a. Capital Contributions as shown on Record:

\$35,780,000

7b. Amount of Capital Contributions in FLORIDA to date:

\$83,890,000

FEES:

- 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, 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 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8. Name and Address of Current Registered Agent

Name

David D. Hallock, Jr.

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

One Lake Morton Drive

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33801

9. 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 the 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

12/27/01

**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
AAC Marketing, Inc.	1930 Lars Sjoborg Blvd	Haines City, FL 33844	P95000051035
REINSTATEMENT 2001			BR
			200004742852

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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

DATE

12/27/01

Typed or Printed Name of General Partner Signing Form **William V. Abbate, President of AAC** Telephone Number **863-688-5787**

Marketing, Inc., general partner



A95000001186 (2)

ACCOUNT NO. : 072100000032

REFERENCE : 555695 80640A

AUTHORIZATION : Patricia Pizot

COST LIMIT : \$ 1026.25

ORDER DATE : December 28, 2001

ORDER TIME : 11:29 AM

ORDER NO. : 555695-005

CUSTOMER NO: 80640A

CUSTOMER: David D. Hallock, Jr., Esq
Gray Harris Robinson
One Lake Morton Drive

Lakeland, FL 33801

FILED
01 DEC 28 PM 3:04
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: YTONG FLORIDA, LTD.

File
15X

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133
EXAMINER'S INITIALS _____

RECEIVED
01 DEC 28 PM 12:52
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA