

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 DEC 17 PM 11: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # A95-1423					
1. Name of Limited Partnership OPTION INCOME FUND, LP					
2. Principal Office Address 1400 GRASSLANDS BLVD Suite, Apt. #, etc. APT. 1 City & State LAKELAND, FLORIDA Zip 33803-5451		3. Mailing Office Address 1400 GRASSLANDS BLVD Suite, Apt. #, etc. APT. 1 City & State LAKELAND, FLORIDA Zip 33803-5451		4. Date Formed or Registered To Do Business in Florida 9/25/1995	
		5. FEI Number 59-3330289		Applied For ☐ Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Additional Fee required for a Certificate of Status			
		7a. Capital Contributions as shown on Record: \$149,268			
		7b. Amount of Capital Contributions in FLORIDA to date: \$149,268			
8. Name and Address of Current Registered Agent Name TURNER, JOHN A. Street Address (P.O. Box Number is Not Acceptable) 1400 GRASSLANDS BLVD. Suite, Apt. #, Etc. APT. 1 City LAKELAND, FL Zip Code 33803-5451					
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 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) <u>John A Turner</u> DATE _____					
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) TURNER, JOHN A.		Address of Each General Partner (Do NOT Use Post Office Box Number) 1400 GRASSLANDS BLVD. APT # 1		City, State and Zip Code LAKELAND, FL 33803-5451	
				10a. Registration Document Number 195000001423	
				200004739742--5 -12/26/01--01091--017 ***526.25 ***526.25	
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 <u>John A Turner</u>		DATE <u>10-31-01</u>			
Typed or Printed Name of General Partner Signing Form <u>JOHN A TURNER</u>		Telephone Number <u>863 686 7303</u>			