

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 NOV 18 AM 9:32

**DOCUMENT # A95000001593**

**1. Name of Limited Partnership**

TK FAMILY LIMITED PARTNERSHIP

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
11/18/02--01037--010 \*\*1026.25  
300009045133

**2. Principal Office Address**

2218 KARA CHASE COURT

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34240

Country

**3. Mailing Office Address**

PO BOX 3319

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34230

Country

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

10/16/95

**5. FEI Number**

59-3349050

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:**

250,000.00

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

250,000.00

**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

TERRENCE A KUPS

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

2218 KARA CHASE COURT

Suite, Apt. #, Etc.

City

SARASOTA

State  
FL

Zip Code

34240

**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)

*Terrence A Kups*

**SIGN HERE**

11-12-02

**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)**

KARA CHASE, INC

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

2218 KARA CHASE COURT

City, State and Zip Code

SARASOTA, FL 34240

**10a. Registration  
Document Number**

P94000042305

**REINSTATEMENT**

*2002*

**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)(b) Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public release. I further certify that I am a trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Terrence A Kups*

**SIGN HERE**

DATE 11-12-02

Typed or Printed Name of General Partner Signing Form

TERRENCE KUPS, PRESIDENT

Telephone Number

941-957-0775

CR2E039 (9/01)