

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
99 OCT 22 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A 95000002053

1. Name of Limited Partnership
KAPKIDS, LTD.

2. Mailing Address
c/o DONALD SALTZMAN
310 PASSAIC AVE.
FAIRFIELD NJ
07004 USA

3. Principal Office Address
3251 BAYOU SOUND
LONGBOAT KEY FL
34228 USA

4. Date Formed or Registered To Do Business in Florida 12/27/95

5. FEI Number 22-3413993

6. CERTIFICATE OF STATUS DESIRED ☐

7. State or Country of Formation FLORIDA

8a. Capital Contributions as Shown on Record 304,881

8b. Amount of Capital Contributions in FLORIDA to date: 264,097 1998 304,097 1999

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 \$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
KAPLAN, ELBERT A.
3251 BAYOU SOUND
LONGBOAT KEY, FL. 34228

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

THE ELBERT A KAPLAN LIVING TRUST 3251 BAYOU SOUND LONGBOAT KEY FL 34228 6960399000N 300003034263--5 -11/03/99--01079--009 ***2053.00 ***2053.00

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 ELBERT A. KAPLAN DATE 9/17/99
Typed or Printed Name of General Partner Signing Form Telephone Number 973-630-6555