1750.00

Address
Tallahassee, Florida 32301

City/State/Zip Phone #

224-7000

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. <u>Bl</u>	ank Family Inves	tment Company, Lt.	DIVISION SECRE
2	(Corporation Name)	(Document #)	13 0000
3	(Corporation Name)	(Document #)	PRATE 2: 5
4	(Corporation Name)	(Document #)	59 ONS
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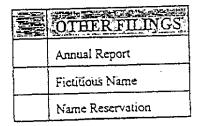
Walk in Pick up time 400 Certified Copy

Mail out Will wait Photocopy Certificate of Status

NEW FILINGS
Profit
NonProfit
 Limited Liebility
Domestication
Other

AMENDMENTS	
 Amendment	
Resignation of R.A., Officer/ Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

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REGISTRATION - OUALIFICATION -		
	Foreign	
	Limited Partnership	
X	Reinstatement For Ltd	
	Trademark	
	Other	

13/9/ -P-1,750

Examiner's Initials



# SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

I, Richard H. Blank, Jr., having been sworn, hereby declare on this 12th day of May, 1998 that I am the sole general partner of the Blank Family Investment Company, Ltd., a Florida limited partnership, (the "Fartnership") and that pursuant to section 620.112, Florida Statutes:

- 1. The total amount of the capital contributions of the limited partners of the Partnership to date is \$943,412.
- The total amount of the anticipated capital contributions of the limited partners of the Partnership is \$5,000,000.

## FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts so stated are true, to the best of my knowledge and belief.

Richard H. Blank, Jr.

General Partner,

Blank Family Investment Company, Ltd.

### STATE OF ARKANSAS

#### COUNTY OF PULASKI

I am a Notary Public authorized to administer oaths and to take acknowledgements in and for the state and county set forth above. The foregoing Supplemental Affidavit of Capital Contributions was subscribed and sworn to before me by Richard H. Blank, Jr., who is personally known to me or who has produced as identification, on this 12th day of May, 1998.

Notary Public - State of Arkansas
Print Notary Name: Resecca J. Estes
My Commission Number is:
My Commission Expires: 5-1-99