

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED  
PARTNERSHIP  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FLORIDA DEPARTMENT OF STATE

FILED

00 NOV 22 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A96000000161

1. Name of Limited Partnership  
Staed Family Associates, Ltd.

2. Principal Office Address

2001 S. Atlantic Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 7218

Suite, Apt. #, etc.

City & State Daytona Beach  
Shores, FL

Zip  
32118

Country

Volusia

City & State Daytona Beach  
Shores, FL

Zip

32118

Country

Volusia

8. Name and Address of Current Registered Agent

Name

Random R. Burnett, Esq.

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

501 North Grandview Avenue

Suite, Apt. #, Etc.

3rd Floor East

City

Daytona Beach

State

FL

Zip Code

32118

4. Date Formed or Registered  
To Do Business in Florida

9/29/96

5. FEI Number

59-3371375

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:

\$1,000.00

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

\$1,000.00

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.

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)

DATE

11/20/00

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

B&T Family, Inc.

2001 S. Atlantic Ave  
Daytona Beach Shores  
Florida 32118

P96000029654

Adm - 400003496464 - 3  
AR - 500-02/12/00-01024-005

AR - 52-50 \*\*\*\*541.25 \*\*\*\*541.25

ARSUP 88.75

641.25

REINSTATEMENT

2000

131C

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

Thomas W. Staed

Thomas W. Staed, President

DATE

11/18/00

Typed or Printed Name of General Partner Signing Form

Telephone Number

(904) 257-0251

CR2E039 (11/99)