

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 13 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000000172

1. Name of Limited Partnership

JHH HARRIS ENTERPRISES, LTD.

2. Principal Office Address

550 Port-O-Call Way

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34102

Country

3. Mailing Office Address

550 Port-O-Call Way

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34102

Country

8. Name and Address of Current Registered Agent

Name

KENNETH D. GOODMAN, ESQUIRE

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

3838 TAMiami TRAIL NORTH

Suite, Apt. #, Etc.

SUITE 300

City

NAPLES

State

FL

Zip Code

34103

4. Date Formed or Registered
To Do Business in Florida

01-25-1996

5. FEI Number

65-0640703

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:

\$6,000,000.00

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

\$6,000,000.00

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.

500008966835
11/13/02--01049--003 **1035.00

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.

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

JOHN H. HARRIS

550 PORT-O-CALL WAY

NAPLES, FL 34102

LUCILE H. HARRIS

550 PORT-O-CALL WAY

NAPLES, FL 34102

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)(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

JOHN H. HARRIS

DATE 11-11-02

Typed or Printed Name of General Partner Signing Form

Telephone Number 239-774-0479

CR2E039 (10/02)

SWOPE

LAMBERSON

GUILKEY

& O'CONNOR, P.A.

Certified Public Accountants

Memorandum

To: DIVISION OF CORPORATIONS

From: JOHN H. HARRIS

Date: 11-11-02

ENCLOSED PLEASE FIND A RETURN
AIRBORNE EXPRESS ENVELOPE FOR
THE CERTIFICATE OF STATUS TO BE
SENT TO OUR ACCOUNTING FIRM
SWOPE, LAMBERSON, GUILKEY & O'CONNOR, P.A.

THANK YOU,
JOHN H. HARRIS.

AIRBORNE EXPRESS PHONE NUMBER FOR
PICK UP (IF NEEDED) 1-800-247-2676

Galleria on Vanderbilt Beach Road
8955 Fontana Del Sol Way
Naples, FL 34109
Phone (941) 262-0170
Fax (941) 262-2188

Downtown Naples
400 Fifth Avenue South, Suite 200
Naples, FL 34102
Phone (941) 262-3899
Fax (941) 262-2057

Sunshine Professional Building in Bonita
9200 Bonita Beach Road, Suite 210
Bonita Springs, FL 34135
Phone (941) 495-7600
Fax (941) 495-6040