LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # A960000027	9
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1. Name of Limited Partnership

ATLANTIS ADVENTURE LIMITED PARTNERSHIP

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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****317.50 ****317.50 2. Principal Office Address 3. Mailing Office Address 4. Date Formed or Registered 02/08/1996 To Do Business in Florida 1049 12651 Walstraham 1 1200 Applied For 5. FEI Number Suite, Apt. #, etc. Svite E CERTIFICATE OF STATUS DESIRED 127 38.75 Additional Fee required City & State City & State for a Certificate of Status dro0: 7a. Capital Contributions as shown on Record: Country Country USA 7b. Amount of Capital Contributions in FLORIDA to date: 8. Name and Address of Current Registered Agent Name Laurenze Spizze Chrt 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. Street Address (P.O. Box Number is Not Acceptable) Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year. Suite, Apt. #, Etc. 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. Zip Code City State FL ora med limited partnership organized or registered under the laws of the State of Florida, submits this statement Pursuant to the provisions of sections 620,1051 and 620,192. Florida Stat des, the above

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)

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
Sulliver, Paul W.	12651 Walsiylum Rd Scite F	Ls 40, FL 33774	
Sullivar, Fiting	12651 Walsigham Rd Suite F	Largu, FL 33774	
		@-A: 0-n	141.25
tumstatenis all	or parally he	au de	35.00 (400)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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 eath. 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.

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SIGNATURE	

Typed or Printed Name of General Partner Signing Form

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Atlantis Adventure Limited Partnership

P.O. Box 1049 Indian Rocks Beach, FL 33785

PHONE (727) 596-6236 FAX (727) 595-5319

October 10, 2001

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

ATT: Diane Cushing

RE: Atlantis Adventure Limited Partnership Doc. No. A96000000279

Dear Ms. Cushing:

As per the instructions you gave me on the telephone, I have downloaded documents to apply for a reinstatement of the Atlantis Adventure Limited Partnership. There was a problem somewhere in the pipeline because the renewal materials were not received by this company. Since separate papers for a corporation which we operate were received and returned, I can only surmise that the problem was with the Postal Service or your department.

Since no notices were received, I am asking that you waive the late fee. Enclosed is a check for \$ 317.50 to cover registration for two years. Thank you for your help.

Very truly yours,

Paul W. Sullivan General Partner