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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL 14 AM 9:05

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A 96 000000 335

1. Name of Limited Partnership
AYDINWATER LTD

DO NOT WRITE IN THIS SPACE

2. Mailing Address
130 Concord Dr
Suite, Apt. #
City & State
Casselberry FL
Zip
32707
Country
USA

3. Prin[redacted] Address
Suite, Apt. #, etc.
City & State
FL
Zip
Country

4. Date Formed or Registered to Do Business in Florida 2-14-96

5. FEI Number 59-3362001
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐
$8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation

8a. Capital Contribution as allowed
500,000

8b. Amount of Capital Contributions in FLORIDA

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 of $437.50 for each year due this office.
2.) Supplemental Fee(s): $103.75 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 9b 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
Fred Edwards
222 S. Westmonte Dr
Altamonte Springs FL 32714

10. If changed, new registered agent/office
Name
900002230149--6
Street Address (P.O. Box Number is Not Acceptable) 07/15/97--01038--003
****1041.25 ****1041.25
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 and am familiar with and accept the obligations of section 620.192, Florida Statutes.

Signature of registered agent [redacted]

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 Partners	Address of General Partner (Do NOT Use P.O. Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Maiden Brook of Orlando.	222 S. Westmonte Drive, Suite 204	Altamonte Springs, Fl 32714	A96-14166

REINSTATEMENT 97
OR 7-14

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)(x), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(x), ... 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 effect 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 X Donald E Edwards DATE

Typed or printed name of person signing form Telephone Number