APPLICATION FOR REINSTATEMENT OF FOREIGN LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

A96000001034

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAY 19 PM 2:48

DOCUMENT # A 96000001034

1. Name of Limited Partnership
JOHNSTON FAMILY LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
16580 SENTERRA DR	16580 SENTERRA DR	6/3/96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number: 65-0695131 ☐ Applied For ☐ Not Applicable
City & State: DEL RAY BEACH FL	City & State: DEL RAY BEACH FL	6. CERTIFICATE OF STATUS DESIRED ☐
Zip: 33484 Country: USA	Zip: 33484 Country: USA	7. State or Country of Formation: FLORIDA

8a. Capital Contributions as Shown on Record: 2 970 000

8b. Amount of Capital Contributions in FLORIDA to date: 2 970 000

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): $105.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year (1992) late is delinquent.
Note: If the amount entered in 8b 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	10. If changed, new registered agent/office
JOHNSTON, ROBERT E 16580 SENTERRA DR DEL RAY BEACH, FL 33484	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City

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***1041.25 FL ***1041.25

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. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

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.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
JOHNSTON, ROBERT E.	16580 SENTERRA DR.	DEL RAY BEACH FL 33484	
O'HEARNE, MARY	401 E. 34TH ST	NEW YORK NY 10016	
GUGELOT, DEIRDRE	333 CENTRAL PK. WEST	NEW YORK NY 10025	

REINSTATEMENT 97 ak 5-19

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)(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 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 Mary O'Hearne DATE 5/13/97

Telephone Number