APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

A96000001305

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

DO NOT WRITE IN THIS SPACE

DOCUMENT # A96000001305

1. Name of Limited Partnership: MACOMAS PARTNERSHIP-1 LTD

2. Mailing Address: 1705 N. 16TH ST
Suite, Apt. #, etc.
City & State: TAMPA FL
Zip: 33605 Country: USA

3. Principal Office Address: 1705 N. 16TH ST
Suite, Apt. #, etc.
City & State: TAMPA FL
Zip: 33605 Country: USA

4. Date First Registered To Do Business in Florida: 7/8/96

5. FEI Number: 59-3392429

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: FL

8a. Capital Contributions as Shown on Record: $100.00

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

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): $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 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

PIACO, STEPHEN C ESQ
101 EAST KENNEDY BLVD
SUITE 2175
TAMPA, FL 33602

10. If changed, new registered agent/office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

300002872703--7
-05/12/99--01074--004
*****550.00 *****550.00

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
MACOMAS G.P. INC	1705 N. 16TH STREET	TAMPA FL 33605	P96000043400

99
US 4553

CR2E039 (12/98)

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 or receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE [signature] DATE 4/27/99

Typed or Printed Name of General Partner or Signing For Telephone Number