

A96000001381

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY 29 AM 9:09

DOCUMENT # A96000001381

1. Name of Limited Partnership

THE RHODES FAMILY LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. Mailing Address
c/o John S. Bohatch, Esq.

Suite, Apt. #, etc.
2600 Douglas Road - PH-8

City & State
Coral Gables, Florida

Zip Country
33134 Miami-Dade

3. Principal Office Address
3451 N.W. 212 Street

Suite, Apt. #, etc.
-

City & State
Hialeah, Florida

Zip Country
33056 Miami-Dade

4. Date Formed or Registered
To Do Business in Florida 2/24/96

5. FD Number
65-0750433

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. State or Country of Formation Miami-Dade County

8a. Capital Contributions as Shown
on Record:
\$500,000.00

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): \$86.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): \$500 penalty fee for each year (each 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

JOHN S. BOHATCH, ESQ.
200 Douglas Road - Penthouse 8
Coral Gables, FL 33134

10. If changed, new registered agent/office

Name
n/a
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

10a. Pursuant to the provisions of sections 620.1061 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) N/A

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
MARJORIE RHODES, Co-Trustee U/T/A 2/24/96	3451 N.W. 212 Street	Miami, Florida 33056	n/a

REINSTATEMENT

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-06/04/98--01097--010
***1035.00 ***1035.00

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information enclosed 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 Marjorie Rhodes Herbert J. Rhodes Jr.

DATE 5-13-98

Typed or Printed Name of General Partner Signing Form Marjorie Rhodes

Telephone Number (305) 442-4911