

A96 000001813

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



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

DOCUMENT # A96 000001813

1. Name of Limited Partnership

Winn & Mike Clarke Family Limited Partnership

DO NOT WRITE IN THIS SPACE

2. Mailing Address 1243 Starboard Lane Sarasota, Florida 34242 USA		3. Principal Office Address 1243 Starboard Lane Sarasota, Florida 34242 USA		4. Date Formed or Registered To Do Business in Florida 9/30/96	
5. FEI Number		Applied For		X Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐		7. State or Country of Formation Florida			

8a. Capital Contributions as Shown on Record \$3,000,000.00	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 (based 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.
8b. Amount of Capital Contributions in Florida to date \$3,000,000.00	

9. Name and Address of Current Registered Agent Mike Clarke 1243 Starboard Lane Sarasota, FL 34242	10. If changed, new registered agent/office Name: Winn Clarke Street Address (P.O. Box Number is Not Acceptable): 1243 Starboard Lane City: Sarasota FL 34242
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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) Marion Winnifred Clarke DATE 1/22/99

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
Clarke, Michael A.	1243 Starboard Ln.	Sarasota, FL 34242	
Clarke, Marion Winnifred	1243 Starboard Ln.	Sarasota, FL 34242	

REINSTATEMENT 1998, 1999

80000027663.58
-02/01/99-01116-002
***2102.50 ***2102.50

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 included 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 Marion Winnifred Clarke DATE 1/22/99

Typed or Printed Name of General Partner Signing Form Winn Clarke Telephone Number (941) 349-4630

CR2009 (1/97)