A96000001971

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

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

98 DEC 12 AM 11:29

DOCUMENT # A-96000001971

1. Name of Limited Partnership
Reson Lee Woods and Shaun K. Woods
Limited Family Partnership

DO NOT WRITE IN THIS SPACE

2. Mailing Address
300 Hammons Pkwy
Suite 603
City & State
Springfield Mo.
Zip 65806 Country Usa

3. Principal Office Address
Same
Suite, Apt. #, etc. Same
City & State Same
Zip Same Country Same

4. Date Reinstatement Becomes Effective: Oct 96

5. FEI Number 65-0702174

Amount Enc.
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
$10,000

8b. Amount of Capital Contributions in **FLORIDA** to date
$500.00

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): $68.75 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

10. Name and Address of New Registered Agent
Name THOMAS W. LENIHAN
Street Address (P.O. Box Address Not Acceptable) 154 W. CENTER AVE.
Suite, Apt. # or Bldg.
City SEBRING FL Zip Code 33870

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 the 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) TW Lenihan DATE 12/15/98

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
Reson Lee Woods	HC 5 Box 29	Hansville, Mo. 65655	
Shaun K. Woods	Same	Same	

-02/23/99--01082--001
****817.50 ****817.50

AR 140
SUPP 17.50
IMAG 500

CR2E039 (12/97)

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 know 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. Further, I certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; and 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 Reson Lee Woods DATE 12/28/98

Typed or Printed Name of General Partner Signing Form Reson Lee Woods Telephone Number 417-679-2118