2008 LIMITED PARTNERSHIP REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 23 AM 9: 13

DOCUMENT # A96000002225

1. Entity Name
BASS & HIGGINBOTHAM, LTD.

Principal Place of Business	Mailing Address
5510 SW 41ST BLVD., STE. 101 GAINESVILLE, FL 32608	5510 SW 41ST BLVD., STE. 101 GAINESVILLE, FL 32608

05142008 REIN-LP CR2E100 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3417687 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIGGINBOTHAM, EDDIE J 5510 SW 41ST BLVD., STE. 102 GAINESVILLE, FL 32608	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. REGISTERED AGENT MUST SIGN — DATE

FILE NOW!!! FEE IS $1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 HIGGINBOTHAM, EDDIE J 5510 SW 41ST BLVD., STE. 101 GAINESVILLE, FL 32608	STREET ADDRESS CITY-ST-ZIP	400129621854 05/16/08--01008--011 **1000.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 BASS, ROY F 5510 SW 41ST BLVD., STE. 101 GAINESVILLE, FL 32608	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	W/P 07-08
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: ____________________ 5/13/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #