

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 SEP 30 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000023674980  
10/09/03--01070--031 \*\*2105.00

**DOCUMENT #** A97000000014

**1. Name of Limited Partnership**

Destin/Sharktooth Limited Partnership

**2. Principal Office Address**

2333 Brickell Avenue

**3. Mailing Office Address**

2333 Brickell Avenue

Suite, Apt. #, etc.

Suite D-1

Suite, Apt. #, etc.

Suite D-1

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33129

Country

USA

Zip

33129

Country

USA

**4. Date Formed or Registered  
To Do Business in Florida**

12/24/1996

**5. FEI Number**

65-0722012

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7a. Capital Contributions as shown on Record:**

\$150,000

**7b. Amount of Capital Contributions in FLORIDA to date:**

\$150,000

**FEES:**

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, 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 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

**8. Name and Address of Current Registered Agent**

Name

Mary Ann Y. David, Esquire

Street Address (P.O. Box Number is Not Acceptable)

2333 Brickell Avenue

Suite, Apt. #, Etc.

Suite D-1

City

Miami

State

FL

Zip Code

33129

**9.** 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)

*Mary Ann Y. David*

DATE 09/29/2003

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**10.** Name(s) of General Partner(s)

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

**10a.** Registration  
Document Number

Destin/Sharktooth Ventures,  
Inc.

2333 Brickell Avenue,  
Suite D-1

Miami, FL 33129

P96000103162

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**11.** 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 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

*Norman S. Rosen*

DATE

09/29/2003

Typed or Printed Name of General Partner Signing Form

Norman S. Rosen

Telephone Number

305.859.4900

CR2003 (10/02)

272



ROSEN ASSOCIATES

September 29, 2003

**Via Federal Express**

**Airbill No. 791014979465**

Division of Corporations  
Attn: Partnership Section  
409 East Gaines Street  
Tallahassee, Florida 32388  
Tel 850.245.6051

Re: **Limited Partnership Reinstatement / Destin/Sharktooth Limited Partnership, Document #A97000000014**

Dear Sir or Madam:

Enclosed herewith, please find a Limited Partnership Reinstatement for Destin/Sharktooth Limited Partnership (the "LP") for filing, together with the LP's check in the amount of \$2,105.00 for the filing fee (\$526.25 per year for four years – 2000, 2001, 2002 and 2003). Please note that the LP did not receive the Annual Report form for 2000, and for each year thereafter, therefore, the LP requests a waiver of the \$500.00 per year penalty. If possible, kindly call me confirming that the LP has been reinstated as this is a matter of some urgency.

Thank you for your kind consideration.

Very truly yours,

Mary Ann David  
Legal Counsel

Enclosures

Copy to: Mr. Robert Crosby (via facsimile to 850.864.5303)

SEP-30-03

11:05AM

FROM: Gary, Dytrych &amp; Ryan, P.A.

561-844-3888

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Florida Department of State  
Division of Corporations  
Public Access System

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## Electronic Filing Cover Sheet

9/30 reinst.

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850) 205-0383

MJH

## From:

Account Name : GARY, DYTRYCH & RYAN, P.A.  
Account Number : I19990000255  
Phone : (561) 844-3700  
Fax Number : (561) 844-2388

L01-4988

RECEIVED

03 SEP 30 PM 12:37

DIVISION OF CORPORATION

## LIMITED LIABILITY REINSTATEMENT

999 US 1 REALTY, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$155.00

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03 SEP 30 PM 1:31  
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TALLAHASSEE FLORIDA

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9/30/2003