

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JUN -2 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DO NOT WRITE IN THIS SPACE

DOCUMENT # **A97000000031**

1. Name of Limited Partnership

**T.T. Buerkley Associates, LTD.**

2. Mailing Address

3. Principal Office Address

4. Date Formed or Registered To Do Business in Florida

**1/2/97**

**One Park Place  
621 NW 53rd St., Suite 450**

**Same**

5. FEI Number

**65-0729287**

Applied For

Not Applicable

City & State  
**Boca Raton, FL**

City & State

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

Zip  
**33487**

Country  
**USA**

Zip

Country

7. State or Country of Formation

8a. Capital Contributions as Shown on Record

**FEES:** 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in Bb, with a minimum filing fee of \$32.50 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 Bb 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

**0**

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

**Necsa B. Warren, Esq.  
One Park Place  
621 NW 53rd Street, Suite 450  
Boca Raton, FL 33487**

Name: **Ira L. Young**  
Street Address (P.O. Box Number is not acceptable): **One Park Place**  
City: **Boca Raton**  
State: **FL**  
Zip: **33487**

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)

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

**T.T. Buerkley, Inc.**

**621 NW 53rd St., #450**

**Boca Raton FL 33487**

**P96000103188**

**REINSTATEMENT 99**

**54 6-2-99**

\*\*\*\*\*2891936--7  
--06/02/99--01014--002  
\*\*\*3206.25 \*\*\*\*641.25

**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 Div's on 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 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

DATE

**5/10/99**

Typed or Printed Name of General Partner Signing Form

**David M. Kittay**

Telephone Number

**(609) 237-2248**

CR2E039 (12/98)