

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT



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

FILED

01 NOV -1 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000000061

1. Name of Limited Partnership

TAMPA TRAVEL STOP, LTD.

2. Principal Office Address

6503 US 301 N

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33610

Country

USA

3. Mailing Office Address

P.O. BOX 3379

Suite, Apt. #, etc.

City & State

Riverview, FL

Zip

33568

Country

USA

4. Date Formed or Registered
To Do Business in Florida

1/7/97

5. FEI Number

59-3416947

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:

\$200,000

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

\$200,000

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

LES BELILES

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

451 NORMA COURT

Suite, Apt. #, Etc.

City

PUNTA GORDA

State

FL

Zip Code

33950

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)

Leslie E. Beliles

DATE 10-26-01

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)

Travel Stop, Inc.

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

6503 US 301 N

City, State and Zip Code

Tampa, FL 33610

10a. Registration
Document Number

P97000001454

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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)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) 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

Leslie E. Beliles

DATE 10-26-01

Typed or Printed Name of General Partner Signing Form

Leslie E. Beliles

Telephone Number

CR2003 (9/01)