

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
**A97000000259**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR 28 PM 1:01

DOCUMENT # A97000000259

1. Name of Limited Partnership  
**HOWARD PARK, LTD.**

4/10/98

DO NOT WRITE IN THIS SPACE.

2. Mailing Address <b>1615 NW First Avenue</b>		3. Principal Office Address <b>1615 NW First Avenue</b>		4. Date Formed or Registered To Do Business in Florida <b>01/29/97</b>	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. FEI Number <b>65-0799747</b>	
City & State <b>Florida City, FL</b>		City & State <b>Florida City, FL</b>		Applied For Not Applicable	
Zip <b>33034</b>	Country <b>USA</b>	Zip <b>33034</b>	Country <b>USA</b>	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				7. State or Country of Formation <b>Florida</b>	

8a. Capital Contributions as Shown on Record <b>\$100.00</b>	<b>FEES:</b> 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): \$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 8b 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. <b>\$100.00</b>	

9. Name and Address of Current Registered Agent		10. If changed, new registered agent/office	
<b>LOVEY CLAYTON</b> <b>1615 NW First Avenue</b> <b>Florida City, Florida 33034</b>		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc City	
		<b>7000002513567-7</b> <b>-05/06/98 -01075-022</b> <b>***658.75 FL ***658.75</b>	

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
LOVEY CLAYTON	1615 NW First Avenue	Florida City, FL 33034	
DAVID CLAYTON	1615 NW First Avenue	Florida City, FL 33034	

REINSTATEMENT 1998  
 (B/K) (CUS)  
 PERMANENT 500.00  
 AR 52.50  
 SUPP 88.75  
 2 CUS - 17.50  
**\$ 658.75**

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 Division 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 Lovey Clayton DATE 04/27/98  
 Typed or Printed Name of General Partner Signing Form LOVEY CLAYTON Telephone Number (305) 248-2532

CR2E039 (12/97)