

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
Division of Corporations

A97000000850

FILED

DOCUMENT # **A 97000000850**

APR 13 11:54:00

1. Name of Limited Partnership
NORRIS AQUATIC FARMS, LTD.

2. Mailing Address
415 S. ATLANTIC AVE.

3. Principal Office Address
Same

4. Date Formative Filings Made
4/10/97

City & State
COCOA BEACH, FL.

City & State
Same

Zip
32931

Country
USA

Zip
Same

Country
Same

8a. Capital Contributions as Shown on Record
\$1,000,000

8b. Amount of Capital Contributions in FLORIDA to date
\$130,000

FEES: 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.

5. FILING METHOD
 Apply Use
 Not Applicable

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

9. Name and Address of Current Registered Agent
**Norris, Patrick R.
415 S. Atlantic Av.
Cocoa Beach, FL 32931**

10. Registered Agent's registered office
Name _____
Street Address (Do Not Use Post Office Box Numbers) _____
State Apt # etc. _____
City _____ **FL** _____

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named Limited Partnership hereby certifies that it is subject to the law of the State of Florida, subject to its ability 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, or them by a duly appointed or designated agent in accordance 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. Business Identification Number
Norris, Patrick R.	415 S. Atlantic Av.	Cocoa Beach, FL.	800002848458--4 -04/22/99--01120--001 ***2051.00 ***2051.00 98-99 OK 4-14

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 provided in Section 119.07(3)(k), Florida Statutes, 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 included in 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, or a partner empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE **Patrick Norris** DATE **4-6-99**
Typed or Printed Name of General Partner Signing Form **PATRICK NORRIS** Telephone Number **407-783-1953**

CR2E039 (*2/97)