

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF REVENUE
Sandra M. Matham
Secretary of State
BUREAU OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 AUG -3 PM 2:19

800002605208--6

08/03/98 01054--002

***1026.25 ***1026.25

DOCUMENT # A97000001081

1. Name of Limited Partnership

Whiteside-Walton Limited Partnersip

2. Mailing Address
2631-A NW 41st Street

Suite, Apt #, etc

City & State
Gainesville, FL

Zip Country
32606 USA

3. Principal Office Address
4324 NW 8th Place

Suite, Apt #, etc

City & State
Gainesville, FL

Zip Country
32605 USA

4. Date Formed or Registered
To Do Business in Florida 4/24/97

5. FEI Number 59-3441980
Applied For
Not Applicable

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

7. State or Country of Formation Florida

8a. Capital Contributions as Shown
on Record 80,000
S.A. filed
8-3-98

8b. Amount of Capital Contributions in
FLORIDA to date
80,000

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.

9. Name and Address of Current Registered Agent

Marcia W. Walton
4324 NW 8th Place
Gainesville, FL 32605

10. If changed, new registered agent/office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt #, etc
City FL Zip Code

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

Marcia W. Walton, Trustee
Dan L. Walton, Trustee
Nancy Whiteside, Trustee

4324 NW 8th Place
4324 NW 8th Place
431 Huron Avenue

Gainesville, FL 32605
Gainesville, FL 32605
Cambridge, MA 02138

REINSTATEMENT

98
CR 8-3-98

FF \$1026.25

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 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

Marcia W. Walton

DATE 7-24-98

Typed or Printed Name of General Partner Signing Form

Marcia Walton

Telephone Number (352) 374-6759

CR2EC039 (12/97)