

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A97000001186

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 OCT -3 PM 12:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 -10/09/02--01065--026
 ***2396.25 ***2396.25

DOCUMENT # **A97000001186**

1. Name of Limited Partnership
1319 OAKS LIMITED PARTNERSHIP
 9/29/00

2. Principal Office Address
2801 NW 23rd Blvd

3. Mailing Office Address
2801 NW 23rd Blvd

Suite, Apt. #, etc.
D32

Suite, Apt. #, etc.
D32

City & State
CRAWFORD FL

City & State
CRAWFORD FL

Zip Country
32605 USA

Zip Country
32605 USA

4. Date Formed or Registered To Do Business in Florida
7/9/97

5. FEI Number
59-3449785

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:
30,000

7b. Amount of Capital Contributions in FLORIDA to date:
30,000

8. Name and Address of Current Registered Agent

Name
MARC SCHNOLL

Street Address (P.O. Box Number is Not Acceptable)
2801 NW 23rd Blvd

Suite, Apt. #, Etc.
D32

City
CRAWFORD

State
FL

Zip Code

- 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.

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) *Mhll* DATE **9/20/02**

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) | Address of Each General Partner (Do NOT Use Post Office Box Numbers) | City, State and Zip Code | 10a. Registration Document Number |
|--|--|--------------------------|-----------------------------------|
| 1319 OAKS, INC. Adm - 1,500.00 MR 630.00 ARSUPP 266.25 <u>2,396.25</u> | 2801 NW 23rd Blvd # D32 | CRAWFORD FL 32605 | A970000 47092 BR |
| REINSTATEMENT 2000-2002 | | | (BR) |

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 *Mhll*, PRESIDENT, 1319 OAKS, INC., GP DATE **9/20/02**

Typed or Printed Name of General Partner Signing Form **MARC SCHNOLL & PRESIDENT OF 1319 OAKS INC.** Telephone Number **954-608-1826**

CR2E039 (9/01)