

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A97000001326

**LIMITED
PARTNERSHIP
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 10 AM 9:10

DOCUMENT # **A97000001326**

1. Name of Limited Partnership

PARTNER VIEW LIMITED PARTNERSHIP
9/29/00

900004475079--3
-07/13/01--01072--023
*****2061.25 ***2061.25**

2. Principal Office Address
16301 PHIL RITSON WAY

3. Mailing Office Address
16301 PHIL RITSON WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Winter Garden FL

City & State
Winter Garden, FL

Zip Country
34787 USA

Zip Country
34787 USA

4. Date Formed or Registered
To Do Business in Florida
6-17-97

5. FEI Number
59-3456301

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$9.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:
700,00.0

7b. Amount of Capital Contributions in FLORIDA to date:
700,00.0

8. Name and Address of Current Registered Agent

Name
James V Sudrianna, - P.A.
Street Address (P.O. Box Number is Not Acceptable)
10025 CHATHAM OAKS CT
Suite, Apt. #, Etc.

City State Zip Code
Orlando FL 32836

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 620.1061 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) **James V Sudrianna** DATE **6-11-01**

**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)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
PARTNER VIEW, INC	16301 PHIL RITSON WAY	Winter Garden, FL 34787 UBR 00 437.50 UBR 01 437.50 Penalty 00 500 " " 01 500 Supp fee 01-00 177.50 cus 8.75 2061.25	P97000053292

REINSTATEMENT 2000-2001

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 **Philip V. Ritson** DATE **6-11-01**

Typed or Printed Name of General Partner Signing Form Telephone Number

CR2003 (9/00)