

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A97000001628

1. Name of Limited Partnership

Deison Family Limited Partnership

FILED
98 APR 29 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Mailing Address 3725 Bobbin Mill Road		3. Principal Office Address 3725 Bobbin Mill Road		4. Date Formed or Registered To Do Business in Florida 7-24-97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3461443	
City & State Tallahassee, FL		City & State Tallahassee, FL		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip 32312	Country Leon	Zip 32312	Country Leon	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. State or Country of Formation Florida					

8a. Capital Contributions as Shown on Record \$10,209,880.00	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.
8b. Amount of Capital Contributions in FLORIDA to date	

9. Name and Address of Current Registered Agent Deison, Robert R. 2032 Thomasville Road Tallahassee, FL 32312	10. If changed, new registered agent/office	
	Name Robert R. Deison	
	Street Address (P.O. Box Number Is Not Acceptable) 3233 Thomasville Road	
	Suite, Apt. #, etc.	
	City Tallahassee	FL 32312

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
Deison, Robert R.	3233 Thomasville Rd.	Tallahassee, FL 32312	000002511390--3 -05/05/98--01106--018 ***1026.25 ***1026.25 REINSTATEMENT Dec
Skelton, Benson, Jr.	1320 Thomasville Dr.	Tallahassee, FL 32312	
Moore, Edgar M.	3233 Thomasville Rd.	Tallahassee, FL 32312	

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

DATE **4-28-98**

Typed or Printed Name of General Partner Signing Form

Robert R. Deison

Telephone Number

850-386-7789

CR2E039 (12/97)