

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



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

FILED

60 JAN 12 PM 1:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A97000061786

1. Name of Limited Partnership

SUNSHINE FOLIAGE WORLD, LTD.

2. Principal Office Address

2060 Steve Roberts Special

Suite, Apt. #, etc.

City & State

Zolfo Springs, FL

Zip 33890

Country US

3. Mailing Office Address

Post Office Box 328

Suite, Apt. #, etc.

City & State

Zolfo Springs, FL

Zip 33890

Country US

4. Date Formed or Registered

To Do Business in Florida 5/8/78

5. FEI Number

59-1817503

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7a. Capital Contributions as shown on Record:

\$10,000

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

\$10,000

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.

8. Name and Address of Current Registered Agent

Name

Edward Wayne Lambert

Street Address (P.O. Box Number is Not Acceptable)

2721 Bailes Road

Suite, Apt. #, Etc.

City

Zolfo Springs,

State FL

Zip Code 33890

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.

(no change)

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.**

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
Sunshine Foliage World, Inc.	2060 Steve Roberts Special	Zolfo Springs, FL 33890	P97000053058
9000003103369--0 -01/20/00--01001--025 ***1985.00 ***1985.00 1998			
REINSTATEMENT 2000			

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

By: Edward Wayne Lambert,

DATE 1 / /2000

Typed or Printed Name of General Partner Signing Form Vice President

Telephone Number 863/735-0501