

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

DOB LIMITED PARTNERSHIP REINSTATEMENT
LEBR



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

02 NOV -5 AM 9:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *A97000001872*

1. Name of Limited Partnership

*NINE CABBAGES PARTNERSHIP, LTD.
 1417 CHISHOLM RIDGE CT.
 ST. CLOUD, FL 34771*

2. Principal Office Address

1417 CHISHOLM RIDGE CT.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. CLOUD, FL

City & State

SAME

Zip

34771

Country

USA

Zip

SAME

Country

SAME

4. Date Formed or Registered To Do Business in Florida

5. FEI Number

59-3465862

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:

1,594,135.00

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

8. Name and Address of Current Registered Agent

Name

LEFKOWITZ, IVAN

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

430 N. MILLS AVENUE

Suite, Apt. #, Etc.

City

ORLANDO

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)

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
<i>JOHNSTON ENTERPRISES, INC. 1417 CHISHOLM RIDGE CT. ST. CLOUD, FL 34771</i>	<i>1417 CHISHOLM RIDGE CT.</i>	<i>ST. CLOUD, FL 34771</i>	<i>P97000053591</i>
		<i>300008799703 11/05/02--01025--008 **526.25</i>	<i>JD</i>

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

Nina P. Johnston

DATE *10-30-02*

Typed or Printed Name of General Partner Signing Form

NINA P. JOHNSTON

Telephone Number

407-892-9935

CR2E039 (10/02)

2063

JOSEPH C. JOHNSTON

2330 Eastern Ave.
St. Cloud, FL
34770
407-892-4805
johnstonfamilyj@peoplepc.com

October 31, 2002

Florida Department of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

My Mother, Nina P. Johnston, received a notice several days ago that the Nine Cabbages Partnership, Ltd., formed by my Father, had its certificate revoked because the annual application had not been received by your office.

The annual application was never received by her in the mail. She moved to another home earlier this year, but continues to have her mail forwarded. We checked with the local post office to make sure they had not failed to forward the application to her. As of today, no one has any information about where the application may be. In all the years since the partnership has been formed, we have always promptly filed the application when it has been received, along with any other necessary paperwork through the course of the year.

I spoke with someone in the Corporate Records office yesterday and explained the situation. She informed me to have my mother remit the annual fee of \$526.25 to bring the partnership current, along with a letter explaining that the application was never received.

Please contact me if I may provide any additional information to you.

Thank you for your kind assistance.

Sincerely,



Joseph C. Johnston