

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



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

FILED

VL 8/6

99 AUG -6 AM 10:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A97000001915

1. Name of Limited Partnership
NDK, Limited Partnership

DO NOT WRITE IN THIS SPACE

2. Mailing Address
154 San Marco Ave
Suite, Apt #, etc

3. Principal Office Address
Same

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

City & State
St. Augustine, FL

City & State:

5. FEI Number
59-3466685
Applied For
Not Applicable

Zip
32084
Country
USA

Zip
32084
Country
USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation FLORIDA

8a. Capital Contributions as Shown
on Record \$20,000.00

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
20,000.00

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

Rommelle V. Such
154 San Marco Ave
St. Augustine, FL 32084

Name

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

Suite, Apt #, etc

City

FL

Zip Code

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

NDK Management Corporation

154 San Marco Ave

St. Augustine, FL
32084

P97000076638

500002955255--6
-08/10/99--01019--001
****737.50 ****737.50

CR2E039 (12/98)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

2. 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 *Rommelle V. Such* by: Rommelle V. Such, President

DATE

8/2/99

Typed or Printed Name of General Partner Signing Form

NDK Management Corporation

Telephone Number

(904)-823-3777