2001-2002

~~APPLICATION FOR~~
~~REINSTATEMENT~~
~~FOR~~
LIMITED PARTNERSHIP

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

APPROVED AND FILED

03 FEB -4 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000001916

1. Name of Limited Partnership
DOJESTDA LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE.

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
2198 Princeton St.	2033 Main St.	9/04/97
Suite, Apt. #, etc.: Suite #20	Suite, Apt. #, etc.: Suite 400	5. FEI Number: 65-0823583 ☐ Applied For ☐ Not Applicable
City & State: Sarasota, FL	City & State: Sarasota, FL	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status
Zip: 34237 Country: USA	Zip: 34237 Country: USA	7. State or Country of Formation

8a. Capital Contributions as Shown on Record: $5,000,000

8b. Amount of Capital Contributions in FLORIDA to date:

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): $103.75 for each year due this office, beginning with 1998 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.

9. Name and Address of Current Registered Agent	10. If changed, new registered agent/office
HANKIN, LAWRENCE M. ESQ. 2033 Main Street Suite 400 Sarasota, FL 34237	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. Name 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
Robert L. Kantor, Trustee	2111 Bee Ridge Road	Sarasota, FL 34239	
Rona E. Kantor, Trustee	2111 Bee Ridge Road	Sarasota, FL 34239	

000011793240
02/04/03--01088--008 **1052.50

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 1/29/03

Typed or Printed Name of General Partner Signing Form: Robert L. Kantor, TTE Telephone Number: (941) 955-8866

CR2E039 (1/97)

ma-con, inc.

a management / consultation company

January 28, 2003

Florida Department of State
Limited Partnership Division
P O Box 6327
Tallahassee, Fl 32314

Re: Dojestda Limited Partnership
A-97000001916

To Whom It May Concern:

After talking to this Division, agreement was reached that a reinstatement application was to be made with payment of two (2) years fee and no penalty assessed. The address had not been changed for two years as indicated on the enclosed copy of the year 2000 return. Enclosed is Dojestda check #2407 in the amount of $1,052.50 to cover fees due for years 2001 and 2002. Please forward the necessary 2003 notice for payment to Ma-Con, Inc., 2198 Princeton Street, Suite #20, Sarasota, Florida 34237. If there is any question on the above, contact the writer.

Sincerely,

Warren Weil

2198 PRINCETON STREET, SUITE #20, SARASOTA, FL 34237
(941) 366-8480 FAX (941) 366-8482