

APPLICATION FOR
REINSTATEMENT

FOR

LIMITED PARTNERSHIP

Annual Rpt. 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY -4 AM 11:51

DOCUMENT # A97000002286

1. Name of Limited Partnership

ISLAND STYLING LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE.

2. Mailing Address

7116 GUNN HIGHWAY

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33625

Country

HILLSBOROUGH

3. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Formed or Registered
To Do Business in Florida

10/22/97

5. FEI Number

91-1867187

Applied For

Not Applicable

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

\$100.00

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): \$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.

9. Name and Address of Current Registered Agent

ALAN S. GASSMAN, ESQUIRE
1245 COURT STREET SUITE 102
CLEARWATER, FL 33756

10. If changed, new registered agent/office

Name

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

Suite, Apt. #, etc.

City

600002516116-1
-05/07/98-01120-001
***141.25 FL ***141.25

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 NumberPETER V. MORTELLARO AS TRUSTEE
OF THE PETER V. MORTELLARO
LIVING TRUST

7116 GUNN HIGHWAY

TAMPA, FL 33625

A97000002286

JOSEPHINE S. MORTELLARO AS
TRUSTEE OF THE JOSEPHINE S.
MORTELLARO LIVING TRUST

7116 GUNN HIGHWAY

TAMPA, FL 33625

A97000002286

OK
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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

Typed or Printed Name of General Partner Signing Form

Telephone Number

4/20/98
813-980-2132

CR2E039 (12/97)

GASSMAN & CONETTA, P.A.
ATTORNEYS AT LAW

ALAN S. GASSMAN*+
TAMI F. CONETTA+
JAMES F. GULEÇAS*

*LL.M. IN TAXATION
+BOARD CERTIFIED LAWYER IN
WILLS, TRUSTS AND ESTATES

PARALEGAL
SHELLEY WEBER

1245 COURT STREET
SUITE 102
CLEARWATER, FLORIDA 33756
TELEPHONE: (813) 442-1200
FAX: (813) 443-5829

April 27, 1998

Division of Corporations
Attn: Partnership Section
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

I am enclosing an Application for Reinstatement for Limited Partnership for Island Styling Limited Partnership which was revoked as of April 10, 1998. Our office nor Mr. Mortellaro never received 60 days' notice of intent to revoke nor a Limited Partnership Annual Report form to file for this Limited Partnership. I am enclosing a check made payable to the Secretary of State in the amount of \$141.25 to reinstate this Partnership.

Please send both Mr. Mortellaro and our office confirmation that this Partnership was reinstated.

Thank you for your assistance.

Very truly yours,



Alan S. Gassman

ASG:emt
Enclosures

cc: Peter V. Mortellaro (w/encs.)

J:\MMORTELLA\PARTNER\SEC.STA
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