

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 PM 11:02

DOCUMENT # A97000002448

1. Name of Limited Partnership

Kinsler Family Limited Partnership

REINSTATEMENT 2000

2. Principal Office Address

1023 Red Oak Circle

3. Mailing Office Address

1023 Red Oak Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon, FL

City & State

Brandon, FL

Zip

Country

33511-6269

USA

Zip

Country

33511-6269

USA

8. Name and Address of Current Registered Agent

Name

Kinsler, Roger F.

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

1023 Red Oak Circle

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33511-6269

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

Kinsler, Roger F.
Kinsler, Cathalene S.

1023 Red Oak Circle
1023 Red Oak Circle

Brandon, FL 33511-6269
Brandon, FL 33511-6269

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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

Cathalene S. Kinsler

DATE

October 21, 2000

Typed or Printed Name of General Partner Signing Form

Cathalene S. Kinsler

Telephone Number

813-653-3945

CR2E039 (11/99)