

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



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

FILED  
99 NOV 10 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Name of Limited Partnership

A97000002831 - AMALFI WEST, LTD.

DO NOT WRITE IN THIS SPACE.

|  |                     |  |                     |   |  |
|--|---------------------|--|---------------------|---|--|
| 2. Mailing Address<br>3621 Bayou Sound<br>Suite, Apt. #, etc.        |                     | 3. Principal Office Address<br>3621 Bayou Sound<br>Suite, Apt. #, etc.   |                     | 4. Date Formed or Registered<br>To Do Business in Florida 12/23/97  |  |
| City & State<br>Longboat Key, FL                                     |                     | City & State<br>Longboat Key, FL   |                     | 5. FEI Number<br>65 080 6221  |  |
| Zip<br>34228   | Country<br>Sarasota | Zip<br>34228   | Country<br>Sarasota | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>State of Florida has been assigned to a certificate of status.</small> |  |
| 8a. Capital Contributions as Shown on Record<br>\$250,000            |                     | 7. State or Country of Formation Florida   |                     |   |  |
| 8b. Amount of Capital Contributions in FLORIDA to date:<br>\$250,000 |                     | <b>FEES:</b> 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.<br>2) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.<br>3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.<br>Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate appropriate filing fee. |                     |   |  |

|  |  |   |  |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent<br><br>William G. Lambrecht, Esq.<br>200 South Orange Avenue<br>Sarasota, FL 34236 |  | 10. If changed, new registered agent/office<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, etc.<br>City<br>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                                 |
| MDS Holdings, Inc.               | 3621 Bayou Sound   | Longboat Key, FL 34228   | P97000103942  |
| <b>REINSTATEMENT</b><br>99<br>SL |  |                          | 900003051939--2<br>-11/22/99--01139--003<br>***1026.25 ***1026.25 |
|                                  |  |                          |   |

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

*Maria DeSanto*

DATE 10-29-99