

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
A97000002866

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 DEC 27 PM 4:19

DOCUMENT # A 97000002866

1. Name of Limited Partnership

LORIE ASSOCIATES, LTD.

DO NOT WRITE IN THIS SPACE.

2. Mailing Address
10735 S.W. 58th Avenue

3. Principal Office Address
10735 S.W. 58th Avenue

4. Date Formed or Registered
To Do Business in Florida December 26, 1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
65-0802275

City & State
Pinecrest, FL

City & State
Pinecrest, FL

6. CERTIFICATE OF STATUS DESIRED |
Applied For
Not Applicable

Zip Country
33156 USA

Zip Country
33156 USA

7. State or Country of Formation FLORIDA

8a. Capital Contributions as Shown
on Record:
\$5,000,000.00

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): \$103.75 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.

8b. Amount of Capital Contributions in
FLORIDA to date:
\$64,467.00

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

LORIE, LUIS F.

Name

Street Address (P.O. Box Number is Not Acceptable)
10735 S.W. 58th AVENUE

Suite, Apt. #, etc.

City

PINECREST

FL

Zip Code

33156

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 Sept. 1, 1999

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

LORI INVESTMENTS, INC.

10735 S.W. 58th Avenue

Pinecrest, FL 33156

P97000106510

700003088257--8
-01/05/00--01008--002
***1026.25 ***1026.25

PENALTY - 500.00
AR 437.50
AD SUPP 88.75

1026.25

REINSTATEMENT 1999

(B/K)

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 empowered to execute this report as required by chapter 620, Florida Statutes

LORIE INVESTMENTS, INC.

SIGNATURE By *Luis F. Lorie*
LUIS F. LORIE, as President

DATE Sept. 1, 1999

Typed or Printed Name of General Partner Signing Form

Telephone Number