

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

2002
LIMITED
PARTNERSHIP
REINSTATEMENT
LEBR



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600008873846
11/07/02--01074--009 **163.30

DOCUMENT # A98000000672

1. Name of Limited Partnership

CLASSIQUE REALTY LTD

2. Principal Office Address

125 ST. EDWARD PL.

Suite, Apt. #, etc.

City & State

PAUM BAH GARDENS FLA

Zip

Country

33418

PAUM BAH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Formed or Registered
To Do Business in Florida

3/6/98

5. FEI Number

650818655

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

9,400.00

7b. Amount of Capital Contributions in FLORIDA to date:

9,400.00

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, 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 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8. Name and Address of Current Registered Agent

Name

STEPHEN HANSON ESQ

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

5606 P&A BLVD

Suite, Apt. #, Etc.

City

PAUM BAH GARDENS

State
FL

Zip Code

33418

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)

ON FILE - Previous.

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

ELECTICAL REALTY

125 ST EDWARD PL

PAUM BAH GARDENS FLA
3.3418

P980000
22534

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

William R. Maria SR. GP.

DATE

11/7/2002

Typed or Printed Name of General Partner Signing Form

WILLIAM DE MARIA SR.

Telephone Number

561-818-7476

CR2E039 (10/02)

292

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DIVISION OF CORPORATIONS
ATTN: PARTNERSHIP SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEAR SIR,

PLEASE BE ADVISED THAT THIS IS THE FIRST NOTICE I HAVE
RECIEVED FROM YOUR OFFICE. I AM ASKING TO PLEASE HAVE ANY
PENALTIES WAIVED IN THIS MATTER. I AM ENCLOSING ALL
APPROPRIATE FEES TP REINSTATE THE PARTNERSHIP STATUS.

THANK YOU,


WILLIAM DEMARIA SR. G.P.