

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRET FILED
DIVISION OF CORPORATIONS

06 MAY -1 AM 11:05

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A98000001247

1. Name of Limited Partnership

Fas One Limited Partnership

2. Principal Office Address

365 Fifth Avenue South

3. Mailing Office Address

367 West Main Street

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Northborough, MA

Zip

34102

Country

USA

Zip

01532

Country

USA

CR2E039 (11/05)

4. Date Formed or Registered
To Do Business in Florida

05/18/1998

5. FEI Number
65-0921174

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Antaramian, Jack J.

Street Address (P.O. Box Number is Not Acceptable)
365 Fifth Avenue South

Suite, Apt. #, Etc.

Suite 201

City
Naples

State
FL

Zip Code
34102

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

(REGISTERED AGENT MUST SIGN)

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

Fas One, Inc.

365 Fifth Avenue South, Suite 201

Naples, Florida 34102

P98000044748

500075102465
05/23/06--01051--007 **\$000.00

REINSTATEMENT 1999-2006

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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 April 28, 2006

Typed or Printed Name of General Partner Signing Form

Jack J. Antaramian, President of General Partner

Telephone Number

239-434-0600