

A98000001409

APPLICATION OF
REINSTATEMENT
FOR
LIMITED PARTNERSHIP

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

50 JUL 19 11:10:50

DOCUMENT # A98000001409

1. Name of Limited Partnership
The Max & Pearl A. Marco Family Limited Partnership

DO NOT WRITE IN THIS SPACE

2. Mailing Address 4000 Island Blvd Suite, Apt. #, etc. City & State Williams Island, FL Zip 33160 Country USA	3. Principal Office Address 4000 Island Blvd Suite, Apt. #, etc. City & State Williams Island, FL Zip 33160 Country USA	4. Date Formed or Registered To Do Business in Florida 6/8/98	5. FEI Number 58-2397859 Applied For Not Applicable
8a. Capital Contributions as Shown on Record 500,000		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
8b. Amount of Capital Contributions in FLORIDA to date None		7. State or Country of Formation Florida	

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): \$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 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 CT Corporation System 1200 South Pine Island Road Plantation, FL 33324	10. If changed, new registered agent/office Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City 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
Marco, Max	4000 Island Blvd.	Williams Island, FL 33160	
Marco, Pearl Anne	4000 Island Blvd.	Williams Island, FL 33160	

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 Max Marco DATE 7/14/99
Typed or Printed Name of General Partner Signing Form: MAX MARCO Telephone Number

CP2E039 (12/98)