

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -2 AM 11:18

DOCUMENT # A98000001535

1. Name of Limited Partnership

GLADES - ST. ANDREWS ASSOCIATES,
LTD.

2. Principal Office Address

2499 GLADES ROAD

Suite, Apt. #, etc.

#209

City & State

BOCA RATON, FL

Zip

33431

Country

3. Mailing Office Address

2499 GLADES ROAD

Suite, Apt. #, etc.

#209

City & State

BOCA RATON, FL

Zip

33431

Country

CR2E039 (11/05)

4. Date Formed or Registered
To Do Business in Florida

5. FEI Number

59-2630413

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

MARK L. KRALL

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

616 EAST ATLANTIC AVENUE

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33483

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)

DATE

(REGISTERED AGENT MUST SIGN)

**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

GLADES-ST. ANDREWS
MANAGEMENT, INC.

2499 GLADES ROAD

BOCA RATON FL
33431

P98000046862

200091623542
11/08/06--01023--016 **\$500.00

REINSTATEMENT

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 Robert Japan

DATE 10-5-06

Typed or Printed Name of General Partner Signing Form

Telephone Number (561) 394-7004

2072



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

N A T A P O W P R O P E R T I E S
06 NOV - 2 AM 11:18N C.

October 25, 2006

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

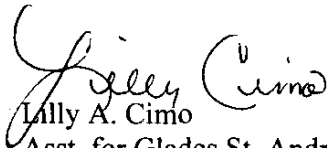
RE: Ref. Number A98000001535

Dear Division of Corporations:

This is my second attempt to reinstate GLADES – ST. ANDREWS ASSOCIATES, LTD.
Most recently my check was returned because it was for the wrong amount. Please note
that we never received the initial application to renew the filing fee. Therefore, we
respectfully request that the penalty is waived and this application and check are
accepted.

Thank you.

Sincerely yours,


Lilly A. Cimo

Asst. for Glades St. Andrews Associates, Ltd.