

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT



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

FILED
00 DEC -4 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT #

1. Name of Limited Partnership

A98-1612

~~PS 2 LIMITED~~ PS TWO LIMITED

2. Principal Office Address

15201 ROOSEVELT BLVD.
~~14394 B DALE MARY HWY~~

Suite, Apt. #, etc.

SUITE 112

City & State

CLEARWATER
TAMPA FL

Zip 33760
~~33768~~

Country
USA

3. Mailing Office Address

14394 B DALE MARY HWY

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33618

Country

USA

4. Date Formed or Registered
To Do Business in Florida

6/30/98

5. FEI Number

59-3454014

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:

\$1,200,000

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

\$1,200,000

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

ROGERS K. HAYDON III

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

2111 S. WESTSHORE BLVD.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33629

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)

[Signature]

DATE 10/16/00

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)

HAYDON ASSC.

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

14394 B DALE MARY HWY TAMPA FL 33618

City, State and Zip Code

10a. Registration
Document Number

00000 1612
A9B
PA7-56374

3:00003500213--5
-12/13/00--01088--025
***1026.25 ***1026.25

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

[Signature]

DATE 10/16/00

Typed or Printed Name of General Partner Signing Form ROGERS HAYDON III FOR HAYDON ASSC.

Telephone Number 813-636-4009

CR2036 (11/99)