

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT



SECRETARY OF STATE
DIVISION OF CORPORATIONS

A98000001948

FILED

01 MAY 17 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001948

1. Name of Limited Partnership

CENTURY HOLDINGS OF COLLIER COUNTY, LTD.

2. Principal Office Address

801 LAUREL OAK DRIVE

Suite, Apt. #, etc.

SUITE 400

City & State

NAPLES, FL

Zip

34108

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Formed or Registered
To Do Business in Florida

5. FEI Number

593513588

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:

\$7,500.00

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

\$7,500.00

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.

Name

DON E. LESTER

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

801 LAUREL OAK DRIVE

Suite, Apt. #, Etc.

SUITE 400

City

NAPLES

State
FL

Zip Code

34108

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)

DATE

5/14/01

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

Millennium Properties
of Collier County, Inc.

801 Laurel Oak Drive,
Suite 400

Naples, FL 34108

P97000100251

300004217783

REINSTATEMENT 2000-2001

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

DATE May 14, 2001

Typed or Printed Name of General Partner Signing Form

DON E. LESTER

Telephone Number

941-593-1000

CR2003B (9/00)



A98000001948

ACCOUNT NO. : 072100000032

REFERENCE : 150489 7234920

AUTHORIZATION :

COST LIMIT : \$ 1282.50

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAY 15 PM 12:10
NOT FILED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ORDER DATE : May 15, 2001

ORDER TIME : 11:05 AM

ORDER NO. : 150489-005

CUSTOMER NO: 7234920

CUSTOMER: Mr. Don Lester
Century Holdings Of Collier
801 Laurel Oak Drive
Suite 400
Naples, FL 34108

DOMESTIC FILINGS

NAME: CENTURY HOLDINGS OF
COLLIER COUNTY, LTD.

FILED
22
01 MAY 17 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS

FILED
01 MAY 17 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA