

APPLICATION FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

LIMITED PARTNERSHIP

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 19 PM 1:31

DOCUMENT #

A98-1965

1. Name of Limited Partnership

TECHONICS INTERNATIONAL, LTD

4/14/99

DO NOT WRITE IN THIS SPACE.

2. Mailing Address

13000 SAWGLASS VILLAGE CIR.

3. Principal Office Address

50 NO. LAURA ST.

4. Date Formed or Registered  
To Do Business in Florida

06 JAN 99

Suite, Apt. #, etc.

SUITE 30

Suite, Apt. #, etc.

SUITE 2200

5. FEI Number

69-3589383

Applied For

Not Applicable

City &amp; State

PONTE VEDRA BEACH FL

City &amp; State

JACKSONVILLE, FL

Zip

32082

Country

U.S.A.

Zip

32202

Country

U.S.A.

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required  
for a Certificate of Status

7. State or Country of Formation

FL, USA

8a. Capital Contributions as Shown  
on Record:

1000.00

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

WALTERS, MICHAEL A  
50 NORTH LAURA ST  
SUITE 2200  
JACKSONVILLE, FL. 3220210. ~~4-granted, new registered agent/office~~

Name

-05/24/00--01100--013

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

\*\*\*2052.52 \*\*\*2052.52

Suite, Apt. #, etc.

City

FL

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 NumberTECHONICS INTERNATIONAL  
CORPORATION13000 SAWGLASS  
VILLAGE CIRCLE  
SUITE 30PONTE VEDRA BEACH  
FL. 32082

P97000104463

PENALTY 1000.00

AR 875.00

AR5000 177.50

8.75

3061.25

500003265905--8

-05/24/00--01100--012

\*\*\*\*\*8.75 \*\*\*\*\*8.75

REINSTATEMENT 1999-2000

**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

K Joe Cellan

DATE

26 Apr 00

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E039 (12/98)