

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

**A 98000001965** FILED 02 JAN 11 PM 1:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE.

DOCUMENT # **A98000001965**

1. Name of Limited Partnership  
**TECTONICS INTERNATIONAL LTD**

2. Mailing Address  
**13000 Sawgrass Village Cir. Suite 30**  
**Ponte Vedra Beach FL 32082 USA**

3. Principal Office Address  
**13000 Sawgrass Village Cir. Suite 30**  
**Ponte Vedra Beach FL 32082 USA**

4. Date Formed or Registered To Do Business in Florida  
**01/06/94**

5. FEI Number  
**59-358-9383**

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

7. State or Country of Formation  
**Florida USA**

8a. Capital Contributions as Shown on Record  
**4,000,000.00**

8b. Amount of Capital Contributions in FLORIDA to date  
**4,000,000.00**

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

10. If changed, new registered agent/office  
Name  
**L. JOE Scallan**  
Street Address (P.O. Box Number Is Not Acceptable)  
**13000 Sawgrass Village Cir #30**  
Suite, Apt. #, etc.  
**Suite 30**  
City  
**Ponte Vedra Beach** FL Zip Code  
**32082**

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) **L. Joe Scallan** DATE **07 Jan 02**

**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)  
**TECTONICS International Corporation**  
Adm - 1,000.00  
AR 875.00  
AR SUPP 177.50  
**2,052.50**

Address of Each General Partner (Do NOT Use Post Office Box Numbers)  
**13000 Sawgrass Village Circle - Suite 30**

City, State and Zip Code  
**Ponte Vedra Beach, FL.**

11a. Registration Document Number  
**P99-104463**  
**300004778579--6**  
**-01/16/02--01072--002**  
**\*\*\*1115.00 \*\*\*1115.00**  
**300004778579--6**  
**-01/16/02--01072--003**  
**\*\*\*937.50 \*\*\*937.50**

**REINSTATEMENT 2001-2002**

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 **L. Joe Scallan** DATE **07 Jan 02**  
Typed or Printed Name of General Partner Signing Form **L. JOE Scallan** Telephone Number **904-873-0500**

CR2E039 (12/96)