

APPLICATION FOR
1999 REINSTATEMENT
ANNUAL REPORT FOR
LIMITED PARTNERSHIP



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

FILED
99 JUL 12 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WR 7/17

①

DOCUMENT #

1. Name of Limited Partnership **THE MACNAB LIMITED PARTNERSHIP**
A9800000 2017

DO NOT WRITE IN THIS SPACE

2. Mailing Address
4187 KIRKALDY DRIVE
Suite, Apt. #, etc.

3. Principal Office Address
SAME
Suite, Apt. #, etc.

4. Date Formed or Registered
To Do Business in Florida **8/28/98**

5. FEI Number ☒ Applied For
☐ Not Applicable

City & State
PALM HARBOR, FL
Zip **34685** Country **FLORIDA**

City & State
Zip Country

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

7. State or Country of Formation

8a. Capital Contributions as Shown
on Record **175,000.00**

8b. Amount of Capital Contributions in
FLORIDA to date **0**

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

DOMENIC A. MACAIONE
4187 KIRKALDY DRIVE
PALM HARBOR, FL 34685

10. If changed, new registered agent/office

Name
Street Address (P.O. Box Number Is Not Acceptable)
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) *[Signature]*

DATE **July 2, 1999**

**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 Number
DOMENIC A. MACAIONE LORRAINE S. MACAIONE	4187 KIRKALDY DRIVE 4187 KIRKALDY DRIVE	PALM HARBOR, FL 34685 PALM HARBOR, FL 34685	
200002939302--0 -07/22/99--01103--001 ****150.00 ****150.00			

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 *[Signature]*

DATE **July 2, 1999**

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR20039 (12/98)

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The MacNab Limited Partnership

P. O. Box 4869
4187 Kirkaldy Drive
Palm Harbor, FL 34685

Tel: (727) 934-1999
Fax: (727) 934-3609
e-mail: macaione@gte.net

July 8, 1999

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

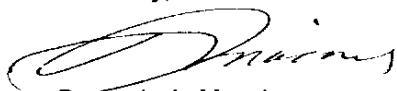
Gentlemen:

I recently received notice from you revoking the authority of THE MACNAB LIMITED PARTNERSHIP. I called to ask why and was informed it was revoked because an annual report was not submitted. I informed your representative that I never received an annual report form or any notices and was unaware that the time for submission had passed. I was told to forward an affidavit along with the reinstatement form and a check in the amount of \$141.25.

Please accept this notarized letter as my affidavit. The Application for Reinstatement for Limited Partnership form and a check for \$150.00 (\$141.25 for reinstatement plus 8.75 for a certificate of status) are enclosed.

Please forward a new certificate to the above address.

Sincerely,



Domenic A. Macaione
General Partner

AFFIDAVIT

I Domenic A. Macaione, General Partner of The MacNab Limited Partnership affirm that neither I or the partnership received annual report forms to file or a notice of pending revocation from the Department of State.

Signed this 30th day of June, 1999 by  General Partner

STATE of FLORIDA
County of PINELLAS

