

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JUN -9 AM 8:03

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # **A98000002017**

1. Name of Limited Partnership

THE MAC NAB LIMITED PARTNERSHIP

2. Principal Office Address

1505 EAGLE NEST CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

WINTER SPRINGS, FL

City & State

Zip

32708

Country

SEMINOLE

Zip

Country

**4. Date Formed or Registered
To Do Business in Florida**

8/28/98

5. FEI Number

593526583

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:

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

8. Name and Address of Current Registered Agent

Name

DOMENIC A. MACAIONE

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

1505 EAGLE NEST CIRCLE

Suite, Apt. #, Etc.

City

WINTER SPRINGS

State

FL

Zip Code

32708

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)

D. Macaione

DATE

6/8/04

**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**

DOMENIC MACAIONE

1505 EAGLE NEST CIRCLE

**WINTER SPRINGS, FL
32708**

LORRAINE MACAIONE

1505 EAGLE NEST CIRCLE

**WINTER SPRINGS, FL
32708**

**400038548394
07/01/04--01037--001 **2573.75**

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

D. Macaione

DATE

06/08/04

Typed or Printed Name of General Partner Signing Form

DOMENIC MACAIONE

Telephone Number

407-971-1563

CR2E039 (10/02)