


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR -7 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E039 (1/07)

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # A98000002403

1. Name of Limited Partnership

APALACHICOLA INNS, LTD

2. Principal Office Address - No P.O. Box #

127 AVENUE B

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

APALACHICOLA, FL

City & State

Zip

32320

Country

U.S.A

Zip

Country

8. Name and Address of Current Registered Agent

Name

LYNN WILSON

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

1113 CAMPO SANO AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33146

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

10/19/1998

5. FEI Number

65-0871517

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$9.75 Additional Fee required
for a Certificate of Status**

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records.

☒ A \$500 penalty is due for each year or part thereof the entity's
certificate of authority was revoked on our records, except in
circumstances which the entity did not receive the prior notices.
By checking this box, you are certifying the prior notices were not
received and requesting the \$500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

(REGISTERED AGENT MUST SIGN)

DATE Feb 20 07

**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**

COOMBS HOUSE MANAGEMENT, INC.

127 AVENUE B

APALACHICOLA
FLORIDA 32320

P98000086920

400092352234
03/13/07--01021--004 *2058.00
3500.00

REINSTATEMENT 2000-07

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

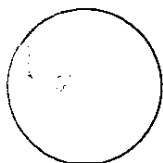
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the 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 Feb 07

Typed or Printed Name of General Partner Signing Form

Telephone Number



BKR GARCIA & COMPANY
certified public accountants

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February 16, 2007

Florida Department of State
Secretary of State
Divisions of Corporations
Partnership Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL. 32301

Re: Apalachicola Inns, LTD
#A98000002403

Gentlemen/Ladies,

We are enclosing a "Limited Partnership Reinstatement" application for the above mentioned limited partnership. We are requesting abatement of the reinstatement penalty of \$500.00 per year due to the facts mentioned below:

Registered agent and partnerships address were incorrect and never received the annual reports on a timely basis.

Attorney for the partnership, in passing this current year, mentioned to the registered agent that the partnership was dissolved, at which she immediately called her accountants to see what was needed to reinstate the partnership.

Based on the above mentioned facts we have enclosed a check for \$3,500.00 to cover the annual reports for the last 7 seven years. We request that the late filing penalties for those same years be waived.

Respectfully yours,

Ricardo Santos, CPA