

2006 LIMITED PARTNERSHIP REINSTATEMENT

FILED

06 OCT 24 AM 9:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A99000000521

1. Entity Name
SALIE FAMILY LIMITED PARTNERSHIP



Principal Place of Business

3604 CASEY KEY RD.
C/O ROBERT D. SALIE
NOKOMIS, FL 34275

Mailing Address

3604 CASEY KEY RD.
C/O ROBERT D. SALIE
NOKOMIS, FL 34275

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10162006

REIN-LP

CR2E100 (11/05)

4. FEI Number
65-0907900

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREGORIA, RIC ESQ.
C/O WILLIAMS, PARKER, ET AL
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

DATE

FILE NOW!!! FEE IS \$1000.00
After January 1, 2007, Fee will be \$2000.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P99000029717
NAME AGORA USA, INC.
STREET ADDRESS 3604 CASEY KEY RD.
CITY-ST-ZIP NOKOMIS, FL 34275

13. ADDRESS CHANGES ONLY

STREET ADDRESS 05/16/04 80019 021
CITY-ST-ZIP * 150.00

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CITY-ST-ZIP

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STREET ADDRESS 500081205575
CITY-ST-ZIP 10/25/06--01059--024 **376.25

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STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *Robert D. Salie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE