PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
01 FEB 14 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT

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

DOCUMENT # A99000000687

1. Name of Limited Partnership

THOMCAT REAL ESTATE LIMITED PARTNERSHIP,
a Florida Limited Partnership

2. Principal Office Address: 9648 Kingston Pike
Suite, Apt. #, etc.: Suite 5
City & State: Knoxville, TN 37922
Zip: 37922 Country: USA

3. Mailing Office Address: P.O. Box 770129
Suite, Apt. #, etc.:
City & State: Ocala, FL
Zip: 34477-0129 Country:

4. Date Formed or Registered To Do Business in Florida: 5-25-99

5. FEI Number: 58-2469988 ☐ 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: 872,207.00

7b. Amount of Capital Contributions in FLORIDA to date: 5,000.00

FEES:

1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 7b, 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 record form is delinquent.
Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8. Name and Address of Current Registered Agent

Name: Becky Thomas Montgomery
Street Address (P.O. Box Number is Not Acceptable): 4810 Southwest 60th Avenue
Suite, Apt. #, Etc.:
City: Ocala State: FL Zip Code: 34474

9. Pursuant to the provisions of sections 620.1061 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) ______ DATE 12/22/2000

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
Becky Thomas Montgomery, Trustee	4810 SW 60th Avenue	Ocala, FL 34474	

100003742951--0
-02/20/01--01048--007
REINSTATEMENT ****641.25 ****641.25

00 500 52.50 88.75
01 500 52.50 88.75

100003742951--0
-02/20/01--01048--006
****641.25 ****641.25

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 effect 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 12/22/2000

Typed or Printed Name of General Partner Signing Form: Becky Thomas Montgomery Telephone Number: 352-237-4011