

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED PARTNERSHIP REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 13 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001581

1. Name of Limited Partnership

The Abraham Group Partnership, Ltd.,

2. Principal Office Address

8925 Easthaven Court

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip

34653

Country

U.S.

3. Mailing Office Address

19 O'Brien Street

Suite, Apt. #, etc.

1

City & State

Orillia, Ontario

Zip

L3V 5S1

Country

Canada

4. Date Formed or Registered To Do Business in Florida

9-24-99

5. FEI Number

59-3599183

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:

\$200,000.00

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

\$200,000.00

8. Name and Address of Current Registered Agent

Name

John J. Lancaster, LL.M. Clark & Campbell, P.A.

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

4740 Cleveland Heights Blvd.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

**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 report 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.

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)

DATE

**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

The Abraham Group, Inc.

19 O'Brien Street, Suite 1

Orillia, Ontario  
L3V5S1

P99000085470

600004034036--0  
-04/20/01--01004--003  
\*\*\*1052.50 \*\*\* 1052.50

00 526.25  
01 526.25

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 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

*Alice M. Abraham*

May 6/2001

DATE

Typed or Printed Name of General Partner Signing Form

Alice M. Abraham

Telephone Number

705-326-4392