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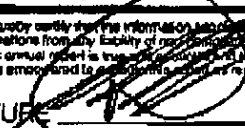
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

11/27

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A99000001630			
1. Name of Limited Partnership CENTRES CLOVIS Limited Partnership			
2. Principal Office Address 904 BLUEBONNET Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 684807 Suite, Apt. #, etc.	
City & State Austin, TX Zip 78704 Country USA		City & State Austin, TX Zip 78768 Country USA	
4. Date Formed or Registered To Do Business in Florida 10/05/1999			
5. TIC Number 391975602		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐			
7a. Capital Contributions as shown on Record: 5000.00			
7b. AMOUNT of Capital Contributions in FLORIDA to date: 5000.00			
8. Name and Address of Current Registered Agent Name: Michael A. Maldonado Direct Address (P.O. Box Number is Not Applicable): 5901 NW 151 Street Suite, Apt. #, etc.: 217 City: MIAMI LAKES State: FL Zip Code: 33014			
9. FEE: 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$62.00 and a maximum of \$437.50 for each year due this office. 2) Supplemental Fee(s): \$66.75 for each year due this office, beginning with 1992 calendar year. 3) Penalty Fee(s): \$500 penalty fee for each year that there is delinquency. 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.			
10. Signature (Registered Agent Accepting Appointment): MA Maldonado DATE: 1-21-03			
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) CENTRES CLOVIS GP, INC.		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 904 BLUEBONNET	
City, State and Zip Code Austin, TX 78704		10b. Registration Document Number P990000087637	
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 furnished with this filing is voluntarily furnished and does not qualify for the exemption issued in Section 119.07(2)(b), Florida Statutes. I release the Division of Corporations from any liability of negligence with Section 119.07(2)(b) 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 correct 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 680, Florida Statutes.			
SIGNATURE: 		DATE: 1/17/03	
Typed or Printed Name of General Partner Signing Form: DAVID M. Currey		Telephone Number: 512-472-5856	

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Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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LIMITED PARTNERSHIP REINSTATEMENT

CENTRES CLOVIS LIMITED PARTNERSHIP

Certificate of Status	1
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Page Count	02
Estimated Charge	\$1,291.25