REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # A99000001799

1. Name of Limited Partnership

PEARL KAY FAMILY LIMITED PARTNERSHIP

FILED

02 DEC -2 AH II: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

		Office Address C/O Gero	& 4. Date Formed or Registered		
20191 E Counti	ry Club 300 S.	MPANY Pine Island RD	To Do Business in Florida	Bate Formed of Registered	
Suite, Apt. #, etc.	Drive Suite, Apt. #		5. FEI Number	Applied For	
Unit 901-Terra	aces 237		65-09597		
City & State	City & State		6. CERTIFICATE OF STATUS DESIR	\$8.75 Additional Fee require	
Aventura, FL	Planta	tion, FL	SEATING ATE OF STATOS DESIA	for a Certificate of Status	
Zip Country	Zip — —	- Country	7a. Capital Contributions as show	n on Record:	
33180 USA	33324	USA	\$1,985,0		
8. Nan	ne and Address of Current Regis	stered Agent	7b. Amount of Capital Contributio	ns in FLORIDA to date:	
Name	···			ES:	
PEARL KAY			1.) Filing Fee(s): Computed at a rate	of \$7 per \$1 000 on amount entered	
Street Address (P.O. Box Number is Not Acceptable) 20191 East Country Club Drive			for <u>each</u> <u>year due</u> this office.	f \$52.50 and a maximum of \$437.50,	
Suite, Apt. #, Etc.	mery club brive	<u> </u>	2.) Supplemental Fee(s): \$88.75 for with 1992 calendar year.	each year due this office, beginning	
Unit 901-Terraces			3.) Penalty Fee(s): \$500 penalty fee	for each year report form is delinquent.	
City Aventura		State Zip Code 33180	 Note: If the amount entered in 7th 7a, a supplemental affidavit must and appropriate filing fee. 	o is greater than amount entered in be submitted along with a separate	
	MUST BE REGI	STERED AND ACTIVI	PARTNERSHIP OR OTHE E WITH THIS OFFICE.	R BUSINESS ENTITY	
10. Name(s) of General Partne	er(s) Add (Do NC	dress of Each General Partner OT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number	
KAY, PEARL		191 E. Country lub Drive, Unit	Aventura, FL 3318	0	
			7000092 , 12/02/0201009-	49707 -001 **526.25	
Note: General partners	MAY NOT be about a	d on this form; an amer	ndment must be filed to cha	nge a general partner	
11. I do hereby certify that the informations from any liability of ron this annual report is true and a	ation supplied with this filing is voluntaril	ily furnished and does not qualify for the e ii) in the event that the information supplie to the same local effects as if most supplier	exemption stated in Section 119.07(3)(i), Florida 3 ad is deemed exempt from public access. I further or oath. I further certify that I am a General Partne	Statutes. I release the Division of	
11. I do hereby certify that the informations from any liability of ron this annual report is true and a	ation supplied with this filling is voluntaril non-compliance with Section 119.07(3)(i ccurate and that my signature shall hav s report as required by chapter 620, Flo	ily furnished and does not qualify for the e ii) in the event that the information supplie to the same local effects as if most supplier	exemption stated in Section 119.07(3)(i), Florida S	Statutes. I release the Division of	

Telephone Number,

Pearl Kay Family Limited Partnership 20191 East Country Club Drive Unit 901 – Terraces Aventura, Florida 33180

Division of Corporations Attn: Partnership Section P.O. Box 6327 Tallahassee, Florida 32314

Gentlemen:

Please find enclosed a check payable to Florida Department of State for \$526.25 and a completed Limited Partnership Reinstatement Form.

I did not receive any Uniform Business Reports this year and therefore I am requesting that you not charge any penalties.

If you have any questions regarding the Form or this letter, please contact my accountant, Thomas A. Gero, CPA at 954 473-8113.

Sincerely,

Pearl Kay

Pearl Kay