## 606668372/IS FORM.

LIMITED **PARTNERSHIP** REINSTATEMENT

SIGNATURE \_

Typed or Printed Name of General Partner Signing Form Paul 5 Simes



DOCUMENT # B 60000000 327

## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

03 OCT 22 PM 2: 04

Telephone Number 127 · 849 · 1281

Gateway Rolloff Service, LP					<b>800024280868</b> 10/30/0301015008 **340,75				
					197397L	J3==U1U15==( -	UUG **341 	J. 75	
2. Principal Office Addre		1	3. Mailing Office Address			4. Date Formed or Registered To Do Business in Florida			
2533 North Carson St			4334 Grand Blyd				0 - 27 - 20	<del></del>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	5. FEI Number	13556	-	Applied For Not Applicable	
<u></u>		<del> </del>		}	6.		- \$8.75 Addit		
Carson G. F.	<del>-</del>	City & State				OF STATUS DESIRED		tional Fee required tificate of Status	
Zip	Country	New Port			7a. Capital Contributions as shown on Record:				
8970C 45A		34652	j ,			,000 eu			
0 , /20	8. Name and Address of					Capital Contributions	in FLORIDA to da	ite:	
Name O	8. Name and Audiess of	Current registered Mye	int		<u></u>				
Paul J Simon						FEE Computed at a rate of	\$7 per \$1,000 on		
	ox Number is Not Acceptable)		_		in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for <u>each year due</u> this office.				
4/334 Grand Blad Suite Apt. #, Etc.					Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.				
	·					): \$500 penalty fee for			
NIN Port Bicher State Sip Code FL 34652					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 provision for the purpose of chan agent. I am familiar with	ions of sections 620.1051 and 620.1 nging its registered office or register th, and accept the obligations of sec	.92, Florida Statutes, the aborred agent, or both, in the Station 620.197 Florida Statute	ve-named limited partnershir up of Florida. Such change v s.	iip organiz was autho	ed or registered und orized by its general				
SIGNATURE (Registered Ag	DATE 10-15-03								
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 Ge	General Partner(s)		ch General Partner t Office Box Numbers)		City, State and	d Zip Code		Registration ument Number	
Mational W.	osk Murisimin	6. 3032 5. P.	ennsch a	Day	two Back	5 hors, Fl 32118-		c 466	
Paul Sim	w V	11527 61	lesmont Dr	Tu,	mp- Pl	33638	3363	5	
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·			TATEME	-117	\/1	$\sim \rho_{ol}$	lte	7	
		REINS	TAILME	N	wil	)_\\	nt		
Note: General	partners MAY NOT b	e changed on th	nis form; an ame	endm	ent must be	filed to chan	ige a gener	al partner.	

11. I do hereby certify that the information supplied with this filling 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 or onapter 620. Florida Statutes.

New Port Richey, FL 34652 Ph: 727-849-2288 Fax: 727-849-2289 Email: paul.simon@gatewayrolloff.com

October 15, 2003

Florida Dept of State Secretary of State Division of Corporations

To Whom It May Concern:

We hereby request that the \$500.00 penalty be waived due to the fact that we never received notice of pending revocation.

We have amended our mailing address to reflect our Florida operating location in order to avoid this problem in the future.

Thank you in advance, if you have any questions please contact me at 727-849-2288.

Sincerel

General Partner/Registered Agent

State of Floride County of 17, 115 60005(

On this/5 day of Oct , 2003 Paul J Simon personally appeared before me, who is personally known to me.

(Nothing's Printed Minima SHELQUIST Bonded Thru My Gommission Expires:

Seal