

# REINSTATEMENT PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2002  
**301000000131**  
 LIMITED PARTNERSHIP  
 REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

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 DIVISION OF CORPORATIONS  
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 11/25

DOCUMENT # **301000000131**  
 1. Name of Limited Partnership  
 Springs Window Fashions LP

000008805590  
 11/05/02--01039--026 \*\*1026.25

2. Principal Office Address  
 7549 Graber Road  
 Suite, Apt. #, etc.  
 City & State  
 Middleton, WI  
 Zip  
 53562  
 Country  
 USA

3. Mailing Office Address  
 PO Box 111, Tax Dept.  
 Suite, Apt. #, etc.  
 City & State  
 Lancaster, SC  
 Zip  
 29721  
 Country  
 USA

4. Date Formed or Registered  
 To Do Business in Florida  
 January 1, 2001

5. FEI Number  
 58-2585823  
 Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent  
 Name  
 C T Corporation System  
 Street Address (P.O. Box Number is Not Acceptable)  
 1200 South Pine Islands Road  
 Suite, Apt. #, Etc.  
 City  
 Plantation  
 State  
 FL  
 Zip Code  
 33324

7a. Capital Contributions as shown on Record:  
 1,118,675.00

7b. Amount of Capital Contributions in FLORIDA to date:  
 1,118,675.00

**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 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
SWF, Inc.	136 Grace Avenue	Lancaster, SC 29720	F01000001912

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**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 Timothy L Theesfeld DATE October 25, 2002  
 Typed or Printed Name of General Partner Signing Form Timothy L. Theesfeld, VP/SWF, Inc. Telephone Number 803/286-2321

CR2E039 (10/02)