APPLICATION FOR REINSTATEMENT FOR



B9600000132

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JUN -9 AM 9: 43

LIMITED PARTNERSHIP

DOCUMENT #
1. Name of Limited Partnership

ame of Limited Partnership

Islands	FL	Holdings	LP
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							DO NOT	WRITE IN THIS SP	ACE		
2. Mailing Address 101 North Acacia Avenue Suite, Apt. #, etc.		1	3. Principal Office Address 15 E. North Street Suite, Apt #, etc			4. Date Formed or Registered To Do Business in Florida 04–19–96 5. FEI Number Applied Not			. Applied For		
City & State Solana Beach, CA		City & State Dover, Dela	City & State Dover, Delaware			6.	700502	60	76 Azlahi	Not Applicable	
^{Z·p} 92075	Country U.S.	^Z 19901	Country U.S.			CERTIFICATE OF STATUS DESIRED S8 75 Additional Fee required for a Certificate of Status 7. State or Country of Formation Delaware					
\$1,000 \$437.50, for each yea 8b, Amount of Capital Contributions in \$3.) \$\ \text{Penalty Fee(s): \$500} \end{array}			or <u>each year</u> htat Fee(s): \$ e(s): \$500 pe ered in 8b is	ited at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of							
9, N	ame and Address of Current 6	legistered Agent				10. If ch	anged, new regist	lered agent/office			
				Name							
Nationscorp Registered Agents, Inc. 526 E. Park Avenue Tallahassee, FL 32301				Street Address (P.O. Box Number Is Not Acceptable)							
rattanassee,	rb 32301			Suite, Apt. #, etc.							
			ŀ	City			.>	FL	Zip Cod	de	
for the purpose of ch agent. I am familiar w SIGNATURE (Registered Ager	anging its registered office or re ith, and accept the obligations. at Accepting Appointment)	620 192 Florida Statutes the ab- gistered agent, or both, in the SI ol section 620 192, Florida Statut S A CORPORATI	late of Florid tes	a Such chang	ge was author	ERSHIF	noral partner(s). I DA OR OTH	hereby accept lhe	appointm	ent of registered	
	MUST	BE REGISTERE	D AND	ACTIVI	E WITH	I THIS (OFFICE.				
11. Names of Genera	Partner(s)		Address of Each General Pariner (Do NOT Use Post Office Box Numbers)			City, State an	d Zip Code	11a.		gisfration ient Number	
Larkspur Part	ners, Inc.	8440 Walnut Hill La Ste. 800		Lane	Dalla	98, TX 4 (F96000001963 2075044 79701052001 56.25 ****156.25		

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12.	I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qu	alify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I release the Division of
	Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the inform	ation supplied is deemed exempt from public access. I further certify that the information indicated on
		ade under oath. I further certify that I am a General Partner of the limited partnership, receiver or trusted
	empowered to execute this reger as required by chapter 20. Florida statutes.	
		1 10-
~.~		E/20147
SIG	GNATURE ////////////////////////////////////	DATE

Typed or Printed Name of General Partier Signing Form Michelle L. Toro, Assistant Secretary Telephone Number 760) 350-2070