

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**B9700000011**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 MAY -5 PM 12:04

DO NOT WRITE IN THIS SPACE

DOCUMENT #

1. Name of Limited Partnership

A & S BUILDING SYSTEMS, L.P.

B9700000011

4/11/99

2. Mailing Address

P O BOX 53

3. Principal Office Address

OLD HIGHWAY 25 W

4. Date Formed or Registered To Do Business in Florida

01-01-97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FFL Number

62-1664436

Applied For  
Not Applicable

City & State

CARYVILLE, TN

City & State

CARYVILLE, TN

Zip

37714

Country

CAMPBELL

Zip

37714

Country

CAMPBELL

6. CERTIFICATE OF STATUS DESIRED

\$25 additional fee required for a Certificate of Status

7. State or Country of Formation

8a. Capital Contributions as Shown on Record:

\$99.00

8b. Amount of Capital Contributions in FLORIDA in date:

\$99.00

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$62.50 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): \$300 penalty fee for each year record form is delinquent.

Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee

9. Name and Address of Current Registered Agent

CT CORPORATION  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324

10. If changed, new registered agent/office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1061 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 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.**

| 11. Name of General Partner(s)  | Address of Each General Partner (Do NOT Use Post Office Box Numbers) | City, State and Zip Code | 11a. Registration Document Number   |
|---|--|--------------------------|---|
| NCI OPERATING CORP  | 7301 FAIRVIEW  | HOUSTON, TX 77041        | 76-0398132<br>F9600006790   |
| <p>RENTALTY -500.00</p> <p>AR 52.50</p> <p>AR 88.75</p> <p>AR 6.75</p> <hr/> <p>\$ 650.00</p> |  |                          | <p>800002871048--3</p> <p>-05/11/99--01040--027</p> <p>*****841.25 *****841.25</p> <p>800002871048--3</p> <p>-05/11/99--01040--028</p> <p>*****8.75 *****8.75</p> |

**REINSTATEMENT 1999**

(SKC)

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 qualify 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 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 in and on 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

*Robert J. Medlock*

DATE

05/03/99

Typed or Printed Name of General Partner Signing Form

ROBERT J. MEDLOCK

Telephone Number

713-466-7788

CR2E039 (2/98)