

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

B97000000138

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 OCT -4 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

3000008289363--4  
-10/09/02--01063--023  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

98-99-00-01-02

DOCUMENT # B97000000138

1. Name of Limited Partnership  
Galen Ventures, L.P.

2. Principal Office Address

101 Richardson Street  
Suite, Apt. #, etc.

3. Mailing Office Address

101 Richardson Street  
Suite, Apt. #, etc.

City & State

Brooklyn, NY

City & State

Brooklyn, NY

Zip

11211

Country

USA

Zip

11211

Country

USA

4. Date Formed or Registered  
To Do Business in Florida

7/13/1997

5. FEI Number

11-3368405

Applied For  
Not Applicable

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

7a. Capital Contributions as shown on Record:

\$100.00

7b. Amount of Capital Contributions in FLORIDA to date:

\$100.00

8. Name and Address of Current Registered Agent

Name ~~Thomas J. Tighe, Esquire~~

DONALD SLAVIN

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

800 East Broward Blvd, Suite 700

21225 Belle Chasse  
Court

Suite, Apt. #, Etc.

Suite 700

City

Boca Raton

State

FL

Zip Code

33301 33433

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)

*Thomas J. Tighe* DATE 9/19/02

**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)

1st Tee Corp.

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

101 Richardson St.

City, State and Zip Code

Brooklyn, NY 11211

10a. Registration  
Document Number

F97000001279

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-10/09/02--01063--024  
\*\*\*3206.25 \*\*\*3206.25

**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

*Donald Slavin*

DATE

Typed or Printed Name of General Partner Signing Form

Donald Slavin

Telephone Number 561-487-0055

CR2E039 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 770786 10939A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : October 4, 2002

ORDER TIME : 10:48 AM

ORDER NO. : 770786-005

CUSTOMER NO: 10939A

CUSTOMER: Tom Tighe, Esq  
Tucker & Tighe, P.a.  
Suite 710  
800 East Broward Boulevard  
Ft. Lauderdale, FL 33301

DOMESTIC FILINGS

NAME: GALEN VENTURES, L.P.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
02 OCT - 4 AM 11:44  
FLORIDA STATE  
DIVISION OF CORPORATE  
TALLAHASSEE, FLORIDA