

APR. -27' 99 (TUE) 08:57

STOLTZ BROTHERS

TEL:3026553854

P. 004

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAY 10 AM 10:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 1. Name of Limited Partnership: <i>Stonard Partners, L.P.</i>					
DO NOT WRITE IN THIS SPACE					
2. Mailing Address <i>725 Connellocken State Road</i>		3. Principal Office Address <i>Same</i>		4. Date Formed or Registered To Do Business in Florida <i>1/23/98</i>	
State, Apt. #, etc. <i>State, Apt. #, etc.</i>		State, Apt. #, etc. <i>State, Apt. #, etc.</i>		5. FEI Number <i>52-2074072</i>	
City & State <i>Dala County, Pa</i>		City & State <i>Pa</i>		6. CERTIFICATE OF STATUS DESIRED ☒ add to additional fee for record for a full business status	
Zip <i>19004</i>		Country <i>USA</i>		7. State or Country of Formation <i>Delaware</i>	
8a. Capital Contributions as Shown on Record <i>\$9.00 N/A</i>		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 \$52.50 and a maximum of \$437.50, for each year plus this office. 2) Supplemental Fee(s): \$66.75 for each year due this office, beginning with 1992 calendar year. 3) Penalty Fee(s): \$600 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8c, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
8b. Amount of Capital Contributions in FLORIDA to date <i>N/A</i>					
9. Name and Address of Current Registered Agent <i>CT Corporation</i> <i>1200 South Pine Island</i> <i>Plantation, Florida</i>					
10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) State, Apt. #, etc. City FL Zip Code					
10a. Pursuant to the provisions of sections 291.1051 and 291.192, 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) hereby accept the appointment of registered agent, term familiar with, and accept the obligations of section 291.192, 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. Names of General Partners <i>Stonard Partners, Inc.</i>		Address of Each General Partner (Do NOT Use Post Office Box Number) <i>11000 Pennsylvania Avenue</i>		City, State and Zip Code <i>Wilmington Delaware 19806</i>	
				11a. Registration Document Number <i>598000000431</i>	
				3000002876309- -05/17/99--01006--002 ****141.25 ****141.25	
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 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 a made under oath. I further certify that I am a General Partner of the limited partnership, recorder or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE <i>Mark S. Hughes, CFO</i> DATE <i>4/28/99</i>					
Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____					



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Stoltz Management Company

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April 28, 1999

Florida Department Of State Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern

In response to your letter dated April 28, 1999 we wish to reinstate our business license for Stomad Partners L.P.

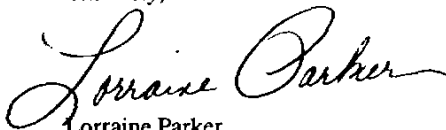
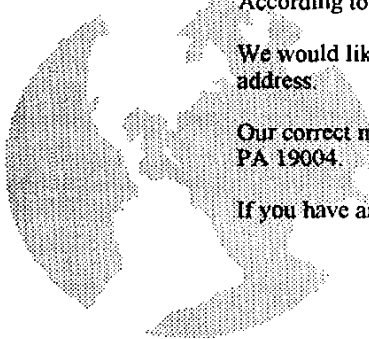
It has come to my attention that we never received the 1999 annual Limited partnership report. According to your letter, we are to pay a penalty of \$500.00.

We would like this penalty waived due to the fact your correspondence was mailed to an incorrect address.

Our correct mailing address is: Stomad Partners L.P. -725 Conshohocken State Road -Bala Cywyd, PA 19004.

If you have any questions, please feel free to give me a call 610-667-5800. Extension 41.

Sincerely,



Lorraine Parker
Property Accountant

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