(1)

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 # [illegible]

1. Name of Limited Partnership: Stoltz Partners, L.P.

DO NOT WRITE IN THIS SPACE

2. Mailing Address: 725 Conshohocken State Road
Suite, Apt. #, etc.:
City & State: Bala Cynwyd, Pa
Zip: 19004 Country: USA

3. Principal Office Address: Same
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. Date Formed or Registered To Do Business in Florida: 1/23/98

5. FEI Number: 52-2074072 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee (optional)

7. State or Country of Formation: Delaware

8a. Capital Contributions as Shown on Records: $0.00 N/A

8b. Amount of Capital Contributions in FLORIDA to date: N/A

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 due this office.
2) Supplemental Fee(s): $86.75 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 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
Plantation, Florida

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 620.1021 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.

11. Name of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Number)	City, State and Zip Code	11a. Registration Document Number
Stoltz Partners, Inc.	1600 Pennsylvania Avenue	Wilmington Delaware 19806	F98000000431

900002876309--
-05/17/99--01006--002
****141.25 ****141.25

CR2E039 (1/96)

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)(i), Florida Statutes. I release the Division of Corporations from any liability of any consequence 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 Mark S. Kuyle, CFO DATE 4/28/99

Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____

Stoltz Management Company

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 Cywdyd, PA 19004.

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

Sincerely,

Lorraine Parker

Lorraine Parker
Property Accountant