APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # 898000000524

1. Name of Limited Partnership

WASH DEROT CAPITAL, L.P.

TALLAHAS OF FEURIDA

2.) Supplemental 3.) Penalty Fee(s) e If the amount entered appropriate filing fee  red Agent 6. ESQUIRE MATON BLV 33Y32  . Florida Statutes, the above	Country  US IA  Computed at a rate tach year due this Fee(s) \$88.75 for \$\$8.75 for \$	5. FEI Number  52 - 2/13 0 77  6. CERTIFICATE OF STATUS DESIRED  7. State or Country of Formation PE.  rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maxim his office. If or each year due this office, beginning with 1992 calendar year. Idee for each year report form is delinquent or than amount entered in 8a, a supplemental affidavit must be submitted alor g with a separate at 10. If changed, new registered agent/office  10. If changed, new registered agent/office  11. If changed in the registered agent/office  12. Address (P.O. Box Number Is Not Acceptable)  13. Applied  14. Applied  15. Not Applied  16. State of Country of Formation PE.  17. State or Country of Formation PE.  18. To Additional Fee reformation PE.
8. State  SAUGUS  0190 6  EES:1.) Filing Fee(s): \$437.50, for each supplemental 3.) Penalty Fee(s): If the amount entered appropriate filing fee  red Agent  CESQUIRG  MATON OLU  33 Y 3 2  Florida Statutes, the above tagent, or both, in the State	Country  US IA  Computed at a rate tach year due this Fee(s) \$88.75 for \$\$8.75 for \$	5. FEI Number  52 - 2/13 6 77  6. CERTIFICATE OF STATUS DESIRED  7. State or Country of Formation  7. State or Country of Formation  7. State or Country of Formation  8 52.50 and a maximist office.  9 for each year due this office, beginning with 1992 calendar year.  10 fee for each year report form is delinquent  9 or than amount entered in 8a, a supplemental affidavit must be submitted alor g with a separate at than amount entered in 8a, a supplemental affidavit must be submitted alor g with a separate at 10. If changed, new registered agent/office.  10 fee Apt #, etc.  FL  2 p Code  4 partriership organized or registered under the laws of the State of Floridal submitts this statements.
SA UGUS  01906  EES:1.) Filing Fee(s): 0 5437.50, for ge 2.) Supplemental 3.) Penalty Fee(s) e If the amount entered appropriate filing fee  red Agent  C. ESQUIRG MATON BLV 33432  Florida Statutes, the above tagent, or both, in the State	Country  US IA  Computed at a rate to par due this Fee(s) \$88.75 for \$500 penalty feed in 80 is greater the Street I Suite IA  City  e-named limited p or of Florida Such I	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee refor a Certificate of State of Country of Formation DE.  7. State or Country of Formation DE.  rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximis office. If or each year due this office, beginning with 1992 calendar year. fee for each year report form is delinquent at than amount entered in 8a, a supplemental affidavit must be submitted alor g with a separate a 10. If changed, new registered agent/office of Address (P.O. Box Number Is Not Acceptable)  e. Apt. #, etc.  FL. Zip Code  did partnership organized or registered under the laws of the State of Floridal submits this state of Floridal submits this state.
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		TED PARTNERSHIP OR OTHER BUSINESS ENTIT
Address of Each Gen- (Do NOT Use Post Office	neral Partner	CTIVE WITH THIS OFFICE.  City, State and Zip Code 11a. Registration Hodunent Number
711 BROAD	wny	SAUGUS, MA 01906 F 98000004
		400002895264 -06/04/8901064003 ****641.25 *****641.25 ****641.25 *****641.25
•	7    BROAK	711 BROADWRY

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 filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. Frelease if e 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. Flurther certify that the information indicated on this annual report is true and adjurant and that my signature shall have the same legal effects as if made under oath. Further certify that I am a General Partner of the limited partner ship receiver or trustee empowered to execute his required by chapter 560. Florida Statutes.

SIGNATURE

n\_\_\_\_\_*A* 

KEW SMITH

DATE .. 5-2 4-99

\_\_ Telephone Number \_ 781- 231-9399

CHZE039 (12/98)