

~~APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP~~



OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS

B98000000684

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAY 20 AM 10:32

DOCUMENT # B98000000684

1. Name of Limited Partnership

V-B I, L.P.

99-AR
CM

DO NOT WRITE IN THIS SPACE

2. Mailing Address

5601 Sound Bluff Road

Suite, Apt. #, etc.

3. Principal Office Address

Same

Suite, Apt. #, etc.

4. Date Formed or Registered
To Do Business in Florida

5. FLL Number

64-0901511

Applied For

Not Applicable

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

7. State or Country of Formation

8a. Capital Contributions as Shown
on Record

8b. Amount of Capital Contributions in
FLORIDA to date

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): \$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 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

Don Bodin
1290 North Palm Avenue
Sarasota FL 34236

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 620.1051 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):

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 Partner(s)

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

City, State and Zip Code

11a. Registration
Document Number

Smita Management
Corporation
5601 Sound Bluff
Road, Ocean
Springs MS

B98000000684

8000002836068- - 4
-05/25/99-01074-008
****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 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

Bharat Sangani

DATE

5/7/99

Telephone Number

228-864-9888

Typed or Printed Name of General Partner Signing Form:

CR2E039 (12/98)