

HORIZON

REAL ESTATE & INVESTMENT CORPORATION

ORIGINAL
FILE COPY

October 15, 1996

Department of Records and Reporting
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399

Document #951235-WS

Please find enclosed a copy of the check #3040 and Application for Reinstatement for Tamiami Sports Associates, Ltd. The actual application and check have been sent directly to the Division of Corporations.

To clarify item #22 in our lease agreement, Tamiami Sports Associates has a well that supplies water to the lessee. There is no separate charge for this service. The lessee pays gross rent and this service is included. Wastewater is provided by Manatee County.

If you have any additional questions, please give me a call at (941) 365-0450.

Sincerely,

N. J. Olivieri
General Partner, Tamiami Sports Associates

NJO/jam
Enclosure

ACK STATE OF: Florida
AFA COUNTY OF: Sarasota

APP The foregoing instrument was acknowledged before me this 15th Oct. 1996 by N.J. Olivieri, who is personally known to me ~~or who has produced~~ as identification and who ~~did~~ (did not) take an oath.

CMU _____
CTR _____
EAG My Commission Expires: August 20, 1999
LEG _____
LIN _____
OPC _____
RCH _____
SEC _____
WAW _____

Name: Jane A. Main
Notary Public



JANE A MAIN
My Commission CC480830
Expires Aug. 20, 1999

DOCUMENT NUMBER DATE
111167 OCT 18 1996
TELEFAX (813) 366-3643
FPSC-RECORDS/REPORTING



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APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Name of Limited Partnership

Tamiami Sports Associates, LTD.

DO NOT WRITE IN THIS SPACE

2. Mailing Address 1937 Golf Street Suite Apt # etc		3. Principal Office Address 1937 Golf Street Suite Apt # etc		4. Date Formed or Registered To Do Business in Florida 9/24/85	
City & State Sarasota, Florida		City & State Sarasota, Florida		5. FE Number 59-2584638	
Zip 34236	Country United States	Zip 34236	Country United States	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>Additional Fee Required for Certificate of Status</small>	
				7. State or Country of Formation Florida	

8a. Capital Contributions as Shown on Record \$137,000.00	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 Fees: \$138.75 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.
8b. Amount of Capital Contributions in FLORIDA to date	

9. Name and Address of Current Registered Agent Olivieri, N. J. 1937 Golf Street 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	
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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 the agent, 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
Olivieri, N. J.	1937 Golf Street	Sarasota, FL 34236	H20133
Girasol, Inc	240 Pineapple Ave 10th Floor	Sarasota, FL 34236	

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 N. J. Olivieri DATE 10/15/96
 Typed or Printed Name of General Partner Signing Form Telephone Number 941-365-0450

TAMIAMI SPORTS ASSOCIATES 10-85
1937 GOLF ST.
SARASOTA, FL 34238

3040

10/15 1996

63-905/831
18

PAY TO THE
ORDER OF

Florida Department of State

\$ 2,152.⁵⁰/₁₀₀

two thousand one hundred fifty two and ⁵⁰/₁₀₀

DOLLARS



823-018
20 North Boulevard of Presidents
Sarasota, Florida 34238

FOR

[Handwritten signature]

