Florida Department of State

Division of Corporations

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Account Number : FCA000000023
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LP/LLLP REINSTATEMENT

JACKSONVILLE HARBOR LIMITED PARTNERSHIP

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E039 (1/11)

DOCUMENT # A01313

1. Name of Limited Partnership

Jacksonville Harbor Limited Partnership

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3946 ST JOHNS AVENUE	1000 5th Street,
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1319
City & State: JACKSONVILLE, FL	City & State: MIAMI BEACH, FL
Zip: 32205 Country: US	Zip: 33139 Country: US

4. Date Formed or Registered To Do Business in Florida: 09/25/1970

5. FEI Number: 59-1304272 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required

7. FEES:
Filing Fee(s): $411.25 for each year due this office.
Supplemental Fee(s): $86.75 for each year due this office.
Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records.

8. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM
Street Address (P.O. Box Number Is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.
City: Plantation, FL Zip Code: 33324

E-mail Address:

E-mail address to be used for future annual report notices.

9. Pursuant to the provisions of section 620.1810 or 620.1809, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) CLL Cristina Lam, VicePresident (REGISTERED AGENT MUST SIGN) DATE 1-24-2017

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
STEPHEN HOLZEL,	26 PARK STREET	MONTCLAIR, NJ 07042	

REINSTATEMENT
2016-2017

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability for non-compliance with Chapter 119, F.S. to the extent that the information supplied is deemed exempt from public access. I further certify that the information indicated on this 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE Stephen C. Holzel DATE 11/15/16

Typed or Printed Name of General Partner Signing Form: Stephen B. Holzel Telephone Number: 973 744-4470

FL071 - 01/2011 CT System Online

JAN 27 2017

M. WILLIAMS

FAX COVER SHEET

TO	
COMPANY	
FAXNUMBER	18506176384
FROM	Kimberly Laughrey
DATE	2017-01-27 14:48:26 CST
RE	First: JACKSONVILLE HARBOR LIMITED PARTNERSHIP

COVER MESSAGE

Robert Sholl
Associate Fulfillment Specialist
Global Fulfillment Operations
CT Corporation

Team 614-280-3338, Office 614-280-3366
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Wolters Kluwer

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