## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSH REINSTATEM	IIP	Secretai	TMENT OF STATE Try of State CORPORATIONS	2021 JUL 15 PI	M 12: 42
DOCUMENT # A0200000336  1. Name of Limited Partnership				SECRETARY OF STATE TALLAMASSES, FL	
MP Holdings Ltd.				800370058838 07/15/2101027016 **3113.75	
		3 Mailing Office Address 165 Willow Glen Roa		CR2E039 (1/11)	
		Suite, Apt #, etc.  City & State		Date Formed or Registered     To Do Business in Flonda 03/08/2002	
Milan, NY		Milan, NY		<sup>5</sup> 45-0468827	Applied For Not Applicable
12571	USA	<sup>zip</sup> 12571	ÜŠA	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
Name Name Kathryn Scott Street Address (P.O. Box Number is Not Acceptable) 4000 Emilio Lane			7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.		
Suite, Apt. #, Etc Cityacksonvi	lle	FL 32226		E-mail Address:  canazario@kathrynscott.com  E-Mail address to be used for future enrueal report notices	
9. Pursuant to the provisions of section 620 1810 or 620 1909, Flonda Statutes. I hereby accept the appointment of registificated Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  (REGISTERED AGENT MUST SIGN)				DATE (	ne coligations of Chapter 620.
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
MPGP		165 Willow Glen Road		an, NY 12571	AUG 0 3 2021 D CUSHING
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
13. 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 of non-compliance with Chapter 119, F.S. 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. 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.					

\_\_ DATE 07/12/2021

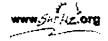
Telephone Number

John & Sarb

Kathryn Scott for MPGP

SIGNATURE\_

Typed or Printed Name of Gen



Corporations

Reinstatement

Payments

Activity

Tools

2

rmcknight

## Resend Reinstatement Email

Entity Name: MP LIMITED PARTNERSHIP Document Number: A0200000336
Tracking Number: 7336863325CR
Reinstatement Status: Rejected
Email: canazario@kathrynscott.com

Alternate Email

**Email Body** 

Document Number: A02000000336

Reinstatement Tracking Number: 7336863325CR

Your reinstatement could not be processed online, the business entity name listed above is no longer available. You must submit an amendment changing the name of your business entity with a completed reinstatement application, as well as the appropriate filing fees for each. Links to the amendment and reinstatement forms are indicated below.

When you have completed the reinstatement and amendment forms, attach a check and mail both forms together to: Florida Department of State, Division of Corporations, PO Box 6327, Tallahassee, FL 32314. Make the check payable to the Florida Department of State.

If you have questions, please call the appropriate filing section. For Corporations, call 850-245-6059.

For Limited Liability Companies, Limited Partnerships, and Limited Liability Limited Partnerships, call 850-245-6051.

http://form.sunbiz.org/pdf/inhs54.pdf Amendment Form

http://form.sunbiz.org/pdf/cr2e039.pdf Reinstatement Form

RECEIVED

Cancel

Send Email

