

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED PARTNERSHIP REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

2021 OCT - 1 PM 4:33

SECRETARY OF STATE  
TALLAHASSEE, FL

**DOCUMENT #** A11000000803

1. Name of Limited Partnership  
4018 W. VINE STREET, L.L.P.

200374328022

2. Principal Office Address - No P.O. Box #  
2562 STANFIELD RD

3. Mailing Office Address  
2562 STANFIELD RD

CR2E039 (1/11)

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State  
MISSISSAUGA, ON

City & State  
MISSISSAUGA, ON

4. Date Formed or Registered To Do Business in Florida 11/07/2011

5. FEI Number 38-3859716

Applied For  
Not Applicable

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

Zip Country  
M9W3W-7 CANADA

Zip Country  
M9W3W-7 CANADA

**8. Name and Address of Current Registered Agent**

Name  
Incorporating Services, Ltd.

Street Address (P.O. Box Number is Not Acceptable)  
1540 Glenway Drive

Suite, Apt. #, Etc.

**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

**E-mail Address:**

wes@consolidatedgroupcanada.com

E-Mail address to be used for future annual report notices

City  
Tallahassee

FL

Zip Code  
32301

9. Pursuant to the provisions of section 820.1810 or 820.1909 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)

*Melissa A. Morneau*  
(REGISTERED AGENT MUST SIGN)

DATE 9/30/2021

**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	10B. Registration Document Number
4018 W. VINE STREET GP, INC.	2562 STANFIELD RD.	MISSISSAUGA, ONTARIO M9W3W-7 CANADA	PH1000104094
<p><b>REINSTATEMENT</b> 2020-2021</p>			

**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 of non-compliance with Chapter 119, FS 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §17.155, FS.

SIGNATURE

*CH*

DATE 09/30/2021

Typed or Printed Name of General Partner Signing Form Chris Hinn, Director of 4018 W. Vine Street GP, Inc.

Telephone Number 786-870-5083

OCT - 1 2021

M. WILLIAMS

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
  
850.656.7953

**REQUEST DATE** 9/30/2021

**PRIORITY** Regular Approval

**OUR REF. # (Order ID#)** 954791

**ORDER ENTITY**  
4018 W.VINE STREET, LLLP

**PLEASE PERFORM THE FOLLOWING SERVICES:**

4018 W.VINE STREET, LLLP (FL)

File the attached reinstatement document and provide a certificate of status.

**NOTES:**  
\$2,008.75 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

RECEIVED  
2021 OCT -1 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.