PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 MAY 30 PM 1:30

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05/30/12--01003--028 **3000.00

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DOCUMENT # A11130

1. Name of Limited Partnership

Southern Development Co. of Milton, Ltd.

2010

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3501 Reserve Circle		3501 Reserve Circle	
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B	
City & State Montgomery, AL		City & State Montgomery, AL	
Zip 36116	Country USA	Zip 36116	Country USA

4. Date Formed or Registered To Do Business in Florida ~~1/1/1970~~ 9/9/81

5. FEI Number 43-1368624 ☐ Applied For ☐ Not Applicable

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

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:

golson@fosheemanagment.com

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

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

Name: Corporation Service Company

1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee FL Zip Code 32301

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9. Pursuant to the provisions of section 620.1810 or 620 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) [signature] (REGISTERED AGENT MUST SIGN) **Harry B. Davis Asst. Vice President** DATE 5/31/12

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
John S. Bowman	3501 Reserve Circle, Ste B	Montgomery, AL 36116	

REINSTATEMENT 2010-2012

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, 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. 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 John S. Bowman GP DATE 5/17/12

Typed or Printed Name of General Partner Signing Form John S. Bowman Telephone Number 334-273-0313 ext 105