

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # A12468

1. Name of Limited Partnership
SHADETREE APARTMENTS, LTD.

400275547614
 07/23/15--01025--003 **2000.00

CR2E039 (1/11)

2. Principal Office Address - No P.O. Box #
333 Earle Ovington Blvd

3. Mailing Office Address
333 Earle Ovington Blvd

Suite, Apt. #, etc.
Suite 900

Suite, Apt. #, etc.
Suite 900

City & State
Uniondale, NY

City & State
Uniondale, NY

Zip Country
11553 USA

Zip Country
11553 USA

4. Date Formed or Registered To Do Business in Florida
05/06/1982

5. FEI Number
364358584

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent

Name
Vcorp Services, LLC

Street Address (P.O. Box Number is Not Acceptable)
5011 South State Road 7

Suite, Apt. #, Etc.
Suite 106

City Zip Code
Davie FL 33314

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:
statenotices@vcorpservices.com

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)

DATE **7/28/15**

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
MAX PROFESORSKE	333 EARLE OVINGTON BLVD, SUITE 900	UNIONDALE, NY 11553	
REINSTATEMENT 2013-2015			S. HAWKES JUL 30 A.M. EXAMINER

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

DATE **7/28/2015**

Typed or Printed Name of General Partner Signing Form **MAX ProfesorSke**

Telephone Number **516-506-4583**