

A 27531

Florida Department of State  
Division of Corporations  
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LP/LLLP REINSTATEMENT

BLOOMINGDALE 301 LIMITED PARTNERSHIP

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help


FAX AUDIT NO. H0800020253 3 3  
PAGE 1 of 1

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED PARTNERSHIP REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>A27531</b> 1. Name of Limited Partnership <b>Bloomingtondale 301 Limited Partnership</b>					
2. Principal Office Address - No P.O. Box # <b>501 E Kennedy Blvd</b>			3. Mailing Office Address <b>501 E Kennedy Blvd</b>		
Suite, Apt. #, etc. <b>Suite 1700</b>			Suite, Apt. #, etc. <b>Suite 1700</b>		
City & State <b>Tampa, FL</b>			City & State <b>Tampa, FL</b>		
Zip <b>33602</b>		Country <b>US</b>		Zip <b>33602</b>	
				Country <b>US</b>	
4. Date Formed or Registered To Do Business in Florida <b>12/13/1988</b>					
5. EEL Number <b>980104104</b>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status					
7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$66.75 for each year due this office. Penalty Fee(s): \$600 for each year or part thereof limited partnership revoked on our records. <input checked="" type="checkbox"/> A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.					
8. Name and Address of Current Registered Agent: Name <b>Dale W. Vash</b> Street Address (P.O. Box Number is Not Acceptable) <b>Fowler White Boggs</b> Suite, Apt. #, etc. <b>501 E Kennedy Blvd., Suite 1700</b> City <b>Tampa</b> State <b>FL</b> Zip Code <b>33602</b>					
9. Pursuant to the provisions of section 620.1019 or 620.1009, 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) <u><i>Dale W. Vash</i></u> DATE <b>8/26/08</b> (REGISTERED AGENT MUST SIGN)					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
10. Name(s) of General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	
Bloomingtondale Property GenPart Limited Partnership		501 E. Kennedy Blvd. Suite 1700		Tampa, FL 33602	
				90a. Registration Document Number <b>A27530</b>	
<b>REINSTATEMENT</b>					
<i>06.08</i>					
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 the exceptions 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.					
SIGNATURE <u><i>Andrew Anderson</i></u>				DATE <b>8/26/08</b>	
Typed or Printed Name of General Partner Signing Form <b>ANDREW ANDERSON</b>				Telephone Number <b>905.624-5065</b>	