

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 NOV -4 AM 8: 58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **A93000000654**

1. Name of Limited Partnership
Songy Partners Realty, Ltd.

700162351637
10/30/09--01043--012 **1000.00

CR2E039 (1/07)

2. Principal Office Address - No P.O. Box #
270 Carpenter Drive

3. Mailing Office Address
270 Carpenter Drive

Suite, Apt. #, etc.
225

Suite, Apt. #, etc.
225

City & State
Atlanta, GA

City & State
Atlanta, GA

Zip **30328** Country **USA**

Zip **30328** Country **USA**

4. Date Formed or Registered To Do Business in Florida
6-21-1993

5. FEI Number
650417549

Applied For
Not Applicable

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

B. Name and Address of Current Registered Agent

Name
David B. Songy

Street Address (P.O. Box Number is Not Acceptable)
925 S. Federal Highway

Suite, Apt. #, Etc.
125

City
Boca Raton

State
FL

Zip Code
33432

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.

A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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. 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)

DATE

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
SPL, INC L. SELLERS NOV - 5 2009 EXAMINER	270 Carpenter Dr. Suite 225	Atlanta, GA 30328	P93000043061

REINSTATEMENT

09

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 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.

SIGNATURE

[Signature]

DATE

Typed or Printed Name of General Partner Signing Form

Telephone Number