

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED PARTNERSHIP REINSTATEMENT**



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

**DOCUMENT #** A93000000884

1. Name of Limited Partnership  
T. King Family Limited Partnership

2. Principal Office Address - No P.O. Box #  
3412 SE Clubhouse

Suite, Apt. #, etc.

3. Mailing Office Address  
16262 Wayne

Suite, Apt. #, etc.

City & State  
Stuart FL

City & State  
Lionid MI

Zip Country  
34997 USA

Zip Country  
48154 USA

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

Name  
Robert J Huss

Street Address (P.O. Box Number is Not Acceptable)  
3412 SE Clubhouse

Suite, Apt. #, Etc.

City Zip Code  
Stuart FL 34997

**FILED**  
2017 FEB 28 A 9 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
\*File 2nd\*

CR2E039 (1/11)

4. Date Formed or Registered To Do Business in Florida

5. FEI Number  
58-2062584

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:  
Skyking27@gmail.com  
E-Mail address to be used for future annual report notices.

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] DATE 2/22/17  
(REGISTERED AGENT MUST SIGN)

**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
Doc # G042290018 Eleanor A Baker trust	16262 Wayne	Lionid MI 48154	D. BRUCE FEB 28 2017 500296091175 02/28/17--01008--002 **5008.75
Betram A King	15960 AdBEIN	Colorado Springs CO, 80921	
Thomas F King	16262 Wayne	Lionid MI 48154	

**REINSTATEMENT**  
2010-2017

**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 Thomas F. King DATE 2/22/17

Typed or Printed Name of General Partner Signing Form

Telephone Number