A95000001027

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 29 PM 1:07

CR2E039 (1/11)

DOCUMENT

1. Name of Limited Partnership: Phelan Family Limited Partnership
DOC # A95000001027

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o Cox & Nici	PO Box 895
Suite, Apt. #, etc.: 1185 Immokalee Road Suite 110	Suite, Apt. #, etc.
City & State: Naples Florida	City & State: Marblehead, MA 01945
Zip: 34110 Country: USA	Zip: 01945 Country: USA

4. Date Formed or Registered To Do Business in Florida: 7/10/95

5. FEI Number: 650623422 ☐ 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: James R. Nici c/o Cox & Nici

Street Address (P.O. Box Number is Not Acceptable): 1185 Immokalee Rd - Suite 110

Suite, Apt. #, Etc.: Suite 110

City: Naples FL Zip Code: 34110

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:

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) James R Nici DATE 2/27/12
(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
PHELAN ENTERPRISES OF MASSACHUSETTS, INC.	c/o COX & NICI 1185 Immokalee Road, Suite 110	Naples, FL 34110	P05000057282

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02/29/12--01016--019 **7500.00

REINSTATEMENT 2007-2012

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 _____ DATE 2/27/12

Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____