

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 APR 17 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A97000002924

1. Name of Limited Partnership

Grallo Family Properties, Ltd.

2. Principal Office Address - No P.O. Box #
223 66th Street S.

3. Mailing Office Address
P.O. Box 189

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State
S. Yarmouth, MA

Zip
33707

Country
USA

Zip
02664

Country
USA

4. Date Formed or Registered
To Do Business in Florida **12/30/1997**

5. FFL Number
593496722

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
G. Barry Wilkinson

Street Address (P.O. Box Number is Not Acceptable)
696 1st Avenue N.

Suite, Apt. #, Etc.
Suite 201

City
St. Petersburg, FL

State Zip Code
FL 33701

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☐ A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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

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) _____ DATE _____
(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
Grallo Properties, Inc.	223 66th Street S.	St. Petersburg, FL 33707	P97000108871
Lucille E. Grallo	223 66th Street S.	St. Petersburg, FL 33707	

REINSTATEMENT

05-07

300101620862
05/04/07--01056--007 **\$000.00

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 *Sharon N. Therriault*

DATE **4/11/07**

Typed or Printed Name of General Partner Signing Form **Sharon N. Therriault**

Telephone Number **508/394-8606**