PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

	CE INSTRUCTIONS BEFORE		FILED
LIMITED PARTNERSHIP REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State division of corporations	UIVISIUM (	ARY OF STATE OF CORPORATIONS
DOCUMENT # A 9800000   289  1. Name of Limited Partnership  FRIDAY F.M. LTL.			,
2. Principal Office Address - No P.O. Box #  1115 Cheefab Trail  Suite, Apt #, etc.	3. Mailing Office Address P.o. Bo X  195033  Suite, Apt. #, etc	7002513 10/18/1601004 CR2E039	019 **1750.00
City & State  Winter Speings FL  Zip Country  32708 USA	City & State  Winter Springs FL  Zip Country  B2719-5033 USA	5. FEI Number	Ay 1, 1998  Applied For Not Applicable  \$8.75 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent  Name  E/len Frey fag  Street Address (P O. Box Number is Not Acceptable)  1/1.5 Cheetah Tr.  Suite, Apt. #, Etc		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:  City  Unter Springs  FL 32708  E-yell address you use 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.		Chatmail confuture annual report notices	
SIGNATURE (Registered Agent Accepting Appointment)  Light Signs  DATE 10-13-16  REGISTERED AGENT MOST SIGNS  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
FRI-Real, Fre. Slen Freytig David P. Freytig	1115 Cheetak u	)inten Springs =1.32708	P 980000 41269
Wendy JORNOD J John JORNOD	759 S. Kake Jessup Ave	32765	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. Ido 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, E.S. in the event that the information supplied is deemed exempt from public access. 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, E.S.  SIGNATURE  DATE  DATE			
DATE DATE			

Typed or Printed Name of General Partner Signing Form