

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED
PARTNERSHIP
REINSTATEMENT**



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

DOCUMENT # B08000000085

1. Name of Limited Partnership

Utendahl Capital Management, L.P.

2. Principal Office Address - No P.O. Box #
52 Vanderbilt Avenue

3. Mailing Office Address
52 Vanderbilt Avenue

Suite, Apt. #, etc.
Suite 401

Suite, Apt. #, etc.
Suite 401

City & State
New York, NY

City & State
New York, NY

Zip
10017

Country
USA

Zip
10017

Country
USA

8. Name and Address of Current Registered Agent

Name
CT Corporation

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

4. Date Formed or Registered
To Do Business in Florida **04/11/2008**

5. FSC Number
13-3716179

Applied For
☐ Not Applicable

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:

gparsons@ucmpartners.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)

(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 Number)

City, State and Zip Code

10a. Registration
Document Number

Utendahl Management, L.P.

**c/o John O. Utendahl, 47
Columbia Place**

**Brooklyn Heights, NY
11201**

B08000000084

REINSTATEMENT

2010-2011

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, FS 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.817.194, FS.

SIGNATURE

John O. Utendahl

DATE **May 18, 2011**

Typed or Printed Name of General Partner Signing Form

Telephone Number