

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 14 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000275

1. Name of Limited Partnership

Harnetty Family Limited Partnership, LLLP

9/26/03

BR

2. Principal Office Address

1800 Eagles Crest Drive

Suite, Apt. #, etc.

3. Mailing Office Address

100 Wallace Avenue

Suite, Apt. #, etc.

Suite 240

City & State

Port Orange, FL

City & State

Sarasota, FL

Zip

32128

Country

USA

Zip

34237

Country

USA

4. Date Formed or Registered
To Do Business in Florida

02/14/2000

5. FEI Number

651002024

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

7b. Amount of Capital Contributions in FLORIDA to date:

8. Name and Address of Current Registered Agent

Name

John E. Napolitano, Esquire

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

100 Wallace Avenue,

Suite, Apt. #, Etc.

Suite 240

City

Sarasota

State

FL

Zip Code

34237

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 - 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 - 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

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 Numbers)

City, State and Zip Code

10a. Registration
Document Number

Monnet, LLC

2525 Gulf of Mexico Dr.

Longboat Key, FL 34228

L00000000906

700028053347
02/02/04--01082--018 **526.25

REINSTATEMENT 2003-2004

700028053347
02/02/04--01082--019 **526.25

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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

H. Harnetty

DATE

01/09/04

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E039 (10/02)

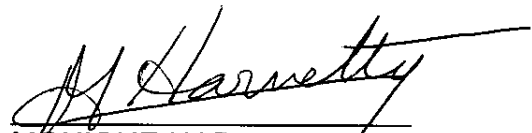
A00000000275

AFFIDAVIT

I MONIQUE HARNETTY, as Partner of Harnetty Family Partnership, LLLP and Manager of the General Partner, Monnet, LLC, hereby swear and attest that I never received renewal notice, (UBR), from the Florida Department of State for the year 2003.

FURTHER AFFIANT SAYETH NOT.

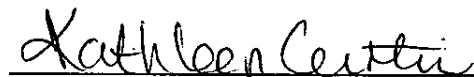
Dated this 9th day of January, 2004


MONIQUE HARNETTY

SWORN TO AND SUBSCRIBED before me this 9th day of January, 2004, by MONIQUE HARNETTY, who is personally known to me.



Kathleen Curtin
MY COMMISSION # DD108599 EXPIRES
April 14, 2006
BONDED THRU TROY FAIR INSURANCE, INC.


NOTARY PUBLIC, STATE OF FLORIDA
Printed Name: Kathleen Curtin
My Commission Expires: April 14, 2006