

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 09, 2006 8:00 A.M.
Secretary of State

DOCUMENT # A000000000223

1. Name of Limited Partnership

The Nesius Family Limited Partnership

CR2E039 (8/05)

2. Principal Office Address

3983 Highway 41A N

Suite, Apt. #, etc.

City & State

Chapel Hill TN

Zip

37034

Country

3. Mailing Office Address

3983 Highway 41A N

Suite, Apt. #, etc.

City & State

Chapel Hill TN

Zip

37034

Country

4. Date Formed or Registered
To Do Business in Florida

2/1/2000

5. FEI Number

59-31625539

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

Michael Campbell

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

7100 Plantation Br

Suite, Apt. #, Etc.

Ste 18

City

Pensacola

State

FL

Zip Code

32504

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 due.

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)

Michael Campbell

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)

Shannon Nesius

Rick Nesius

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

3983 Highway 41A N

3983 Highway 41A N

City, State and Zip Code

Chapel Hill TN 37034

Chapel Hill TN 37034

10a. Registration
Document Number

A000000000223

A000000000223

100063006681
01/06/06--01047--016 \$1500.00

REINSTATEMENT 04-06

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

Rick Nesius

DATE

12-29-05

Typed or Printed Name of General Partner Signing Form

Rick Nesius

Telephone Number

931-703-1234

Waive. No Report sent