

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 22 PM 1:51

DOCUMENT # A01000000011

1. Name of Limited Partnership

American Heritage Acquisitions & Restorations Limited Partnership LLP

2. Principal Office Address - No P.O. Box #

524 North Federal Highway

Suite, Apt. #, etc.

3. Mailing Office Address

2800 NE 14 Street

Suite, Apt. #, etc.

#211

City & State

Fort Lauderdale, Florida

City & State

Pompano Beach, Florida

Zip
33301

Country
USA

Zip
33063

Country
USA

CR2E039 (1/07)

**4. Date Formed or Registered
To Do Business in Florida**

January 3, 2001

5. FEI Number

65-1061875

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
BRIAN D. GOTTLIEB

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

633 South Federal Highway

Suite, Apt. #, Etc.

Suite 400-A

City
Fort Lauderdale,

State
FL

Zip Code
33301

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certificate of authority was revoked on our records, except in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)

(REGISTERED AGENT MUST SIGN)

DATE 7/2/08

**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**

PAUL HAMMER

524 North Federal Hwy.

Fort Lauderdale, FL
33301

A01000000011

REINSTATEMENT 2007-03

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

DATE

7/2/08

Typed or Printed Name of General Partner Signing Form

PAUL HAMMER

Telephone Number

(954) 781-0780