

A01000000629

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL 17 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000629

1. Name of Limited Partnership

Long Room, Limited Partnership

02

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

6813 Radcliffe Dr
22307

Suite, Apt. #, etc.

Alexandria, VA

City & State

Zip

Country

3. Mailing Office Address

VA 22307
PO Box 7213 Alexandria

Suite, Apt. #, etc.

City & State

Zip

Country

CR-039 (1/07)

4. Date Formed or Registered
To Do Business in Florida

5. FEI Number

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

JOE MANNA

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

1136 MARCH DRIVE

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33953

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certificate of authority was revoked on our records, except in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

/s/ Joe Manna

(REGISTERED AGENT MUST SIGN)

DATE 7/17/09

**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

Name

Address

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