

2004 #

2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED

2005 MAY -2 PM 12: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000742

1. Entity Name
G & M MOSS LIMITED PARTNERSHIPPrincipal Place of Business
6565 GATEWAY AVENUE
SARASOTA, FL 34231Mailing Address
6565 GATEWAY AVENUE
SARASOTA, FL 34231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112005 REIN-LP

CR2E100 (6/04)

4. FEI Number
65-1107597Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURNER, JAMES L
200 S. ORANGE AVE.
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record. \$250,000.0010. Amount of Capital Contributions
in FLORIDA to date.In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # 465642
NAME MOSS BROS. & SONS, INC.
STREET ADDRESS 6565 GATEWAY AVENUE
CITY-ST-ZIP SARASOTA, FL 34231STREET ADDRESS
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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Marian Moss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/20/05 921-922-4566

STAPLE CHECK HERE