

2008 LIMITED PARTNERSHIP REINSTATEMENT

FILED

2008 NOV 12 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10282008 REIN-LP CR2E100 (1/07)

DOCUMENT # A01000000966 1. Entity Name HENNESSEY FAMILY PARTNERSHIP, LTD.					
Principal Place of Business % ROOD & ASSOCIATES 200 PIERCE STREET, #2-B TAMPA, FL 33602			Mailing Address % ROOD & ASSOCIATES 200 PIERCE STREET, #2-B TAMPA, FL 33602		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 01-0657465			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HENNESSEY, DONNA C % ROOD & ASSOCIATES 200 PIERCE STREET, #2-B TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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 <u>Donna C. Hennessey</u> <small>Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)</small>				DATE <u>11-3-08</u>	
FILE NOW!!! FEE IS \$1000.00 After January 1, 2009, Fee will be \$2000.00					
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 #	NAME		STREET ADDRESS		
NAME	HENNESSEY, DONNA C		CITY-ST-ZIP		
STREET ADDRESS	200 PIERCE STREET, #2-B		400137840674 11/12/08--01004--024 **1000.00		
CITY-ST-ZIP	TAMPA, FL 33602		STREET ADDRESS		
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CITY-ST-ZIP			STREET ADDRESS		
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Donna C. Hennessey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date <u>11-3-08</u> <small>Daytime Phone #</small>	

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