

2007 LIMITED PARTNERSHIP REINSTATEMENT

FILED

2007 OCT 23 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10152007 REIN-LP CR2E100 (1/07)

4. FEI Number
59-3750545

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUMPHRESS, JOHN K
1040 EAST PARK AVENUE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 Donna Luk DATE 10-15-07
Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

FILE NOW!!! FEE IS \$1000.00
After January 1, 2008, 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 #	DUBAY, DONNA	STREET ADDRESS	
NAME	8232 HUNTER RIDGE TRAIL	CITY-ST-ZIP	500111212485 10/23/07--01040--014 **1000.00
STREET ADDRESS	TALLHASSEE, FL 32312		
CITY-ST-ZIP			
DOCUMENT #	FESSLER, MARIE D	STREET ADDRESS	
NAME	1908 AYRSHIER PLACE	CITY-ST-ZIP	
STREET ADDRESS	OVIEDO, FL 32765		
CITY-ST-ZIP			
DOCUMENT #	HUMPHRESS, JOHN K	STREET ADDRESS	
NAME	1040 EAST PARK AVE.	CITY-ST-ZIP	
STREET ADDRESS	TALLAHASSEE, FL 32301		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

REINSTATEMENT 2007

LS

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: Donna Luk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE 10-15-07 DAYTIME PHONE # 216 2872

STAPLE CHECK HERE