

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -4 AMH:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600160964756
03/04/10--01028--010 **508.75

CR2E039 (1/07)

DOCUMENT # **A01000001552**

1. Name of Limited Partnership

Charter Real Estate, LTD

2. Principal Office Address - No P.O. Box #
1219 Miccosukee Rd

3. Mailing Office Address
574 Vinings Springs Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee

City & State
Mableton

Zip
32308

Country
USA

Zip
30126

Country
USA

4. Date Formed or Registered
To Do Business in Florida **11/27/2001**

5. FFL Number
592670462

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
W. Bradley Munroe, P.A.

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

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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certificate of authority was revoked on our records, except in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) _____ DATE _____
(REGISTERED AGENT MUST SIGN)

**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

Kirk M. Chewning

162 Anna's Hope

Christiansted VI 00820

A01000001552

James B. Floyd

1219 Miccosukee Road

Tallahassee, FL 32308

REINSTATEMENT

2011-10-24

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02/26/10--01009--002 **991.25

600160964756
09/23/09--01040--901 **508.75

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

[Signature]

DATE

9/16/09

Typed or Printed Name of General Partner Signing Form

Kirk M. Chewning

Telephone Number

678-772-3370