

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 18 PM 12:51

DOCUMENT # A01-1573

1. Name of Limited Partnership

SEAGRASS HOLDINGS, LTD.

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

11452 SEAGRASS CIRCLE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

City & State

FLORIDA

Zip

33498

Country

Zip

Country

4. Date Formed or Registered
To Do Business in Florida

11/2001

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

ADRIANE CHATTERTON

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

11452 SEAGRASS CIRCLE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

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certificate of authority was revoked on our records, except in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

Adriane Chatterton

(REGISTERED AGENT MUST SIGN)

DATE

7 NOV 2007

**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)

INA MARTIN

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

7 ECHO HILL

City, State and Zip Code

MONTVALE, NJ
07645

10a. Registration
Document Number

100112354041
11/16/07--01010--005 **\$500.00

100112354041
12/19/07--01014--013 **\$500.00

REINSTATEMENT 2006-2007

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

Adriane Chatterton Ina Martin

DATE

11/15/07

Typed or Printed Name of General Partner Signing Form

ADRIANE CHATTERTON INA MARTIN

Registration Number

561-477-7604