

A02000000010

DOCUMENT # A02000000010

1. Entity Name SMIGIEL PARTNERS XIV, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN -6 AM 9:55

REINSTATEMENT 2002-2003

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7965 LANTANA ROAD
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 540623
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH, FL
Zip
33467
Country
U.S.A.

City & State
LAKE WORTH, FL
Zip
33454
Country
U.S.A.

4. FEI Number
38-3642230
Applied For
Not Applicable

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

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent
Name GARY SMIGIEL, L.C.
Street Address (P.O. Box Number is Not Acceptable)
SAME as above
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. 908,155
10. Amount of Capital Contributions in FLORIDA to date. 908,155
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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			
DOCUMENT #	L93000000238	STREET ADDRESS	
NAME	GARY SMIGIEL, L.C.	CITY-ST-ZIP	
STREET ADDRESS	7965 LANTANA ROAD		
CITY-ST-ZIP	LAKE WORTH FL 33467		
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CITY-ST-ZIP			

REINSTATEMENT

2002-2003

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-1D-03 1619283605
Date Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/02)