

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1,000.00
9-15-06

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUN 12 P 4: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *AD2000000148*

1. Name of Limited Partnership

The Florence Wolfson Family Limited Partnership

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

11 Mt. Vernon Court

3. Mailing Office Address

11 Mt. Vernon Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Livingston, NJ

City & State

Livingston, NJ

Zip

07039

Country

USA

Zip

07039

Country

USA

CR2E039 (1/07)

4. Date Formed or Registered
To Do Business in Florida

01/25/2002

5. FEI Number

80-0035449

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

Linda L. Snelling, Esq.

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

Sachs & Sax

Suite, Apt. #, Etc.

301 Yamato Road, Ste. 4150

City

Boca Raton

State

FL

Zip Code

33431

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certificate of authority was revoked on our records, except in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

Linda L. Snelling
(REGISTERED AGENT MUST SIGN)

DATE

**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

Florence Wolfson Family Corp.

11 Mt. Vernon Court

Livingston, NJ 07039

P010000106496

400104570634
05/19/07--01063--012 **1000.00

REINSTATEMENT 06-07

AL

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

Gerald Wolfson

DATE

4/20/07

Typed or Printed Name of General Partner Signing Form

Gerald Wolfson, Partner

Telephone Number

973-533-0435