

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 MAR 18 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A02000000342**

1. Name of Limited Partnership

AMF MARINA, LTD

2. Principal Office Address

4139 Shoal Line Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

321 Waterford Cir

Suite, Apt. #, etc.

4. Date Formed or Registered
To Do Business in Florida

3/20/02

5. FEI Number

27-0006277

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

Hernando Beach FL

City & State

TARPON SPRINGS FL

Zip

34607

Country

HERNANDO

Zip

34607

Country

USA

8. Name and Address of Current Registered Agent

Name

JOSEPH AMOROSO

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

321 Waterford Cir. E.

Suite, Apt. #, Etc.

City

TARPON SPRINGS

State

FL

Zip Code

34689

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

3/15/05

**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

**AMF MARINA
Services, INC**

**4139 Shoal Line
BLVD**

**HERNANDO BEACH
FL 34607**

P0200027178

REINSTATEMENT

03-05

100048849601

03/22/05--01028--020 **1923.75

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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

DATE

3/15/05

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E039 (10/02)