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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED  
PARTNERSHIP  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

## DOCUMENT #

1. Name of Limited Partnership

03

Lempidakis Family Enterprises, Ltd.

## 2. Principal Office Address

212 Driftwood Drive South

Suite, Apt. #, etc.

## City &amp; State

Palm Harbor

## Zip

34684

## Country

USA

## 3. Mailing Office Address

212 Driftwood Drive South

Suite, Apt. #, etc.

## City &amp; State

Palm Harbor

## Zip

34684

## Country

USA

## 8. Name and Address of Current Registered Agent

ELEFThERIA LEMPIDAKIS

212 Driftwood Drive South

Suite, Apt. #, Etc.

Palm Harbor

FL

34684

4. Date Formed or Registered  
To Do Business in Florida

## 5. FEI Number

02-0674294

## Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

## 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

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)

Eleftheria Lempidakis

(REGISTERED AGENT MUST SIGN)

DATE April 6 2006

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
Agatha Lempidakis	212 Driftwood Drive South	Palm Harbor, FL 34684	

REINSTATEMENT 2003-2006

100070433251  
04/14/06--01019--009 \*\*\*4000.00

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

Agatha Lempidakis

DATE

4/6/06

Typed or Printed Name of General Partner Signing Form

Telephone Number