

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 FEB 12 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000324

1. Name of Limited Partnership

Melvin O. Carter Family

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

305 Porpoise Pt. Dr.

Suite, Apt. #, etc.

St. Augustine

City & State

Florida

Zip

32084

Country

St. Johns

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E039 (1/11)

4. Date Formed or Registered
To Do Business in Florida

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

Melvin O Carter

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

305 Porpoise Pt. Dr.

Suite, Apt. #, Etc.

St. Aug. fl.

City

FL

Zip Code

32084

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.

E-mail Address:

Sheran Lee Carter @ AOL.Com

E-Mail address to be used for future annual report notices.

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)

Melvin O Carter

(REGISTERED AGENT MUST SIGN)

DATE 12/26/12

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

Melvin & Sheran Carter
Family Corporation

305 Porpoise Point
St. Augustine FL 32084

St. Augustine, FL 32084

7000008986

REINSTATEMENT

FEB 12 2013

R. HUNT

500243123945
12/28/12--01017--013 **2000.00

500243123945
02/12/13--01023--017 **1000.00

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 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

Melvin O Carter

DATE

12/26/12

Typed or Printed Name of General Partner Signing Form

Telephone Number