

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

10 JUN 15 AM 10:20

DOCUMENT # A03000000515

1. Name of Limited Partnership

Messerman Enterprises, LTD.

2. Principal Office Address - No P.O. Box #
3203 Bayshore Blvd.

3. Mailing Office Address
711 W Fletcher Ave.

Suite, Apt. #, etc.
701

Suite, Apt. #, etc.
A

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33629

Country
USA

Zip
33612

Country
USA

4. Date Formed or Registered
To Do Business in Florida **09-24-2003**

5. FEI Number
57-1158414

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
Jerome Messerman

Street Address (P.O. Box Number is Not Acceptable)
3203 Bayshore Blvd.

Suite, Apt. #, Etc.
701

City
Tampa

State
FL

Zip Code
33629

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)

Jerome Messerman
(REGISTERED AGENT MUST SIGN)

DATE **6/9/2010**

**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
Jerome Messerman	3203 Bayshore Blvd., 701	Tampa, FL 33629	
REINSTATEMENT 2008-2010			

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 on 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

Jerome Messerman

DATE **6/9/2010**

Typed or Printed Name of General Partner Signing Form

Jerome Messerman

Telephone Number **813-902-9545**

T. Hampton JUN 16 2010