

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 19 AM 10:13

DOCUMENT # A03000000613

1. Name of Limited Partnership

**BOWYER FAMILY LIMITED LIABILITY LIMITED
PARTNERSHIP, RLLP**

2. Principal Office Address

520 South Magnolia Ave.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32801

Country

USA

3. Mailing Office Address

520 South Magnolia

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32801

Country

USA

CR2E039 (11/05)

4. Date Formed or Registered
To Do Business in Florida

04/14/2003

5. FEI Number

51-0487391

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

JAMES W. BOWYER

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

520

520 South Magnolia Avenue

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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)

(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 |
|-----------------------------------|-------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------|
| James W. Bowyer | 520 South Magnolia Ave. | Orlando, FL 32801 | 800091475578 11/02/06--01039--006 **2000.00 REINSTATEMENT 05-06 |

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

DATE

10/12/06

Typed or Printed Name of General Partner Signing Form

JAMES W. BOWYER

Telephone Number

407-843-5120