

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A03000000759

1. Name of Limited Partnership

EWING WATERPROOFING SYSTEMS
INCLUSIVE, LTD.

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

1313 NW 4th PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

1313 NW 4th PLACE

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32603

Country

Alachua

Zip

32603

Country

Alachua

8. Name and Address of Current Registered Agent

Name

IRWIN HALL

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

9224 NW 59 Lane

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32653

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

7/14/10

**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)

IRWIN HALL

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

9224 NW 59 Lane
Gainesville FL
32653

City, State and Zip Code

Gainesville FL
32653

10a. Registration
Document Number

A0300000759

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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 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

7/14/10

Typed or Printed Name of General Partner Signing Form

IRWIN HALL

Telephone Number

352-2581973

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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