

# **2014 LIMITED PARTNERSHIP REINSTATEMENT**

DOCUMENT# A03000001527

**FILED**  
**Oct 24, 2014**  
**Secretary of State**

**Entity Name:** THE CLARK ESTATE FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

12276 SAN JOSE BLVD  
# 529  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

1336 HIDEAWAY DR S  
ST. JOHNS, FL 32259

**Current Mailing Address:**

12276 SAN JOSE BLVD  
# 529  
JACKSONVILLE, FL 32223

**New Mailing Address:**

1336 HIDEAWAY DR S  
ST. JOHNS, FL 32259

**FEI Number:** 56-2407200

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARK, NOEL  
1336 HIDEAWAY DR SOUTH  
JACKSONVILLE, FL 32259 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: CLARK, NOEL  
Address: 1336 HIDEAWAY DR SOUTH  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: CLARK, ANNELIESES  
Address: 1336 HIDEAWAY DR SOUTH  
City-St-Zip: JACKSONVILLE, FL 32223

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: NOEL P CLARK

PRES

10/24/2014

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date