

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 OCT 25 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Name of Limited Partnership

AD3000001830
IN STITCHES NEEDLEPOINT, LTD.

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

6673 B Lake Worth Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

6673 B Lake Worth Rd

Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

Lake Worth FL

Zip

33467

Country

USA

Zip

33467

Country

USA

CR2E039 (1/11)

4. Date Formed or Registered
To Do Business in Florida

12/2003

5. FEI Number

56-1948225

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

Birthe Cacciatore

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

2560 South Ocean Blvd. #403

Suite, Apt. #, Etc.

City

Palm Beach

FL

Zip Code

33480

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:

debwallly@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)

Birthe Cacciatore

(REGISTERED AGENT MUST SIGN)

DATE 10/18/11

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)

Birthe Cacciatore

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

2560 So. Ocean Blvd. #403

City, State and Zip Code

Palm Beach FL 33480

10a. Registration
Document Number

AD3000001830

L. SELLERS

OCT 27 2011

EXAMINER

REINSTATEMENT

900213611929
10/24/11--01044--002 **2000.00

2010
2011

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

Birthe Cacciatore

DATE 10/18/11