

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A04000000393

1. Name of Limited Partnership

MLTK GROUP, LTD.

2. Principal Office Address - No P.O. Box #
16370 MADDALENA PLACE

3. Mailing Office Address
2300 GLADES ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 400 EAST

City & State
DELRAY BEACH, FL

City & State
BOCA RATON, FL

Zip
33446

Country
USA

Zip
33431

Country
USA

8. Name and Address of Current Registered Agent

Name
MILLER & O'NEILL, P.L.

Street Address (P.O. Box Number is Not Acceptable)
2300 GLADES ROAD

Suite, Apt. #, Etc.
SUITE 400 EAST

City
BOCA RATON

State
FL

Zip Code
33431

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 Number(s))

City, State and Zip Code

10a. Registration
Document Number

MTK MANAGEMENT, INC.

16370 MADDALENA
PLACE

DELRAY BEACH, FL
33446

P04000013114

REINSTATEMENT 08

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 118, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 118, 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

12/12/08

Typed or Printed Name of General Partner Signing Form

Telephone Number

FILED
08 DEC 16 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700139018177
12/15/08--01046--007 **500.00

CR2E039 (1/07)

4. Date Formed or Registered
To Do Business in Florida 1/15/2004

5. FEI Number
20-0862458

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

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.

☒ A \$500 penalty is due for each year or part thereof the entity's
certificate of authority was revoked on our records, except in
circumstances which the entity did not receive the prior notices.
By checking this box, you are certifying the prior notices were not
received and requesting the \$500 penalty fee(s) be waived.