

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 9:06

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A04000000973

1. Name of Limited Partnership

CMJ ASSOCIATES LIMITED PARTNERSHIP

2. Principal Office Address

7768 Royal Calais Drive

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33467

Country

USA

3. Mailing Office Address

7768 Royal Calais Drive

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33467

Country

USA

CR2E039 (11/05)

4. Date Formed or Registered
To Do Business in Florida

06/16/04

5. FEI Number

T2 60-115342

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
Philip Hornick

Street Address (P.O. Box Number is Not Acceptable)
7768 Royal Calais Drive

Suite, Apt. #, Etc.

City
Lake Worth

State

FL

Zip Code

33467

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

12-29-06

**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)

Philip Hornick

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

7768 Royal Calais Drive

City, State and Zip Code

Lake Worth, FL 33467

10a. Registration
Document Number

400083245984
01/04/07--01040--008 **2000.00

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

12-29-06

Typed or Printed Name of General Partner Signing Form

Philip Hornick

Telephone Number

561-350-8881