

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

08 FEB 20 PM 12:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E039 (1/07)

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **A0410000001034**

1. Name of Limited Partnership

STONEGATE ESTATES, LTD.

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

3127 GABLES DR. N.E. 3127 GABLES DR. N.E.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ATLANTA, GA

Zip Country

30319 U.S.

City & State

ATLANTA, GA.

Zip Country

30319 U.S.

4. Date Formed or Registered To Do Business in Florida

06/21/04

5. FEI Number

201292379

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

NIYYA JOHNSON

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

3161 N.W. 4th PLACE

Suite, Apt. #, Etc.

N/A

City

FT. LAUDERDALE

State

FL

Zip Code

33311

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A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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.

9. Pursuant to the provisions of section 620.1610 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

TUE: 02/12/08

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 Numbers)	City, State and Zip Code	10a. Registration Document Number
STONEGATE ESTATES MANAGEMENT, LLC	3127 GABLES DR. N.E.	ATLANTA, GA. 30319	F041000003511

REINSTATEMENT

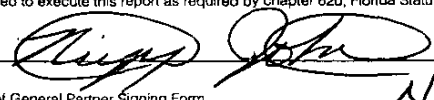
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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

2/12/08

Typed or Printed Name of General Partner Signing Form

NIYYA JOHNSON

Telephone Number

**HOME 404.812.4603
772.215.2816.08**