

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 25 AM 9:12

DOCUMENT # A04000001469

1. Name of Limited Partnership

The Professional Centre II at Kendall Town Center, LLLP

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

2515 State Road 7

Suite, Apt. #, etc.

Suite 230

City & State

Wellington, FL

Zip

33414

Country

USA

3. Mailing Office Address

2515 State Road 7

Suite, Apt. #, etc.

Suite 230

City & State

Wellington, FL

Zip

33414

Country

USA

700086826207  
01/31/07--01050--012 \*\*1500.00  
CR2E039 (1/07)

4. Date Formed or Registered  
To Do Business in Florida

5. FEI Number

20-1483927

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

MARC D. STANLEY

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

2515 State Road 7

Suite, Apt. #, Etc.

Suite 230

City

Wellington

State

FL

Zip Code

33414

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certificate of authority was revoked on our records, except in  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 620.1810 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

1/22/07

**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)

Centre II - K.T.C., Inc

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

2515 State Road 7  
Suite 230

City, State and Zip Code

Wellington, FL  
33414

10a. Registration  
Document Number

# P0420120230

**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

MARC D. STANLEY, VP

DATE

1/22/07

Typed or Printed Name of General Partner Signing Form

MARC D. STANLEY, VP Centre II - K.T.C., Inc

Telephone Number

954-410-7838