A04000001553

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000129372 3)))

H13000129372 3ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. *RE-SUBMIT*

To:
Division of Corporations
Fax Number : (850)617-6383

Please retain original filing date of submission 6/7

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LP/LLLP REINSTATEMENT
BLOODY FORLAND, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$4,000.00

FILED
13 JUN -7 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

June 19, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION

SUBJECT:
REF: H13000129372

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The General Partner who signed the Reinstatement is not listed as a current general partner. The person signing must be listed as a current General Partner on the report.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Stacy Prather FAX Aud. #: H13000129372
Regultory Specialist II Supervisor Letter Number: 013A00015432

RECEIVED
13 JUN 20 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE-SUBMIT
Please retain original filing
date of submission 6/7

P.O BOX 6327 – Tallahassee, Florida 32314

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 JUN -7 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001553

1. Name of Limited Partnership
Bloody Forland Ltd

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2740 SW Martin Down Blvd	2740 SW Martin Down Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm City Florida	City & State: Palm City Florida
Zip: 34990-6046 Country: USA	Zip: 34990-6046 Country: USA

10-13

CR2E039 (1/11)

4. Date Formed or Registered To Do Business in Florida: Oct 1, 2004

5. FEI Number: 22-3474156 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent:

Name: C T Corporation System

Street Address (P.O. Box Number Is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation FL Zip Code: 33324

7. FEES:
Filing Fee(s): $411.25 for each year due this office.
Supplemental Fee(s): $68.75 for each year due this office.
Penalty Fee(s): $600 for each year or part thereof limited partnership revoked on our records.

E-mail Address:
RLepik@MeekerSharkey.com

E-mail address is for state or future annual report notices.

9. Pursuant to the provisions of section 620.1910 or 620.1909, Florida Statutes, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment): Connie Bryan (Registered Agent Name, Typed or Printed) DATE: 4/7/2013

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)	City, State and Zip Code	10a. Registration (Document) Number
Thomas Sharkey, Sr.	1731 NW ButtonBush	Palm City, FL 34990	A04000001553
Thomas Sharkey, Jr.	1056 Johnston	Hatchung NJ 07060	A04000001553
Edward D SHarkey	1422 Winsap	Manasquan NJ 08736	A04000001553

REINSTATEMENT

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 true, complete and does not willfully fail to state any material fact required in Chapter 620, Florida Statutes, before the Division of Corporations does my duty of non-compliance with Chapter 620, Florida Statutes, that the information supplied is 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 effect 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 any 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: Thomas J Sharkey Jr DATE: 4/29/13

Typed or Printed Name of General Partner Signing Form: Thomas J Sharkey, Jr. Telephone Number: 561-272-5930

Thomas J Sharkey Jr
General Partner

FLR78 - 01/1997 CT System Online