PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JAN -6 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001893

1. Name of Limited Partnership

JAMES D. ENGLISH, JR. FAMILY LIMITED PARTNERSHIP

CR2E039 (1/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
17631 N. RIVER ROAD		3 CRAGMORE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ALVA, FL		City & State: NEWTON,MA	
Zip: 33920-3211	Country: US	Zip: 02464	Country: US

4. Date Formed or Registered To Do Business in Florida 12-2-04

5. FEI Number 20-3107345 ☐ 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: TODD MCGEE

Street Address (P.O. Box Number is Not Acceptable): 5294 SUMMERLIN COMMONS WAY

Suite, Apt. #, Etc.: 1203

City: FORT MYERS State: FL Zip Code: 33907

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☑ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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) [signature] (REGISTERED AGENT MUST SIGN) DATE 12/28/2008

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
ENGLISH FAMILY,LLC	3 CRAGMORE ROAD	NEWTON, MA 02464	L03000057080

DOS [illegible] 1009068796
01/06/09 01013 011 **200.00

REINSTATEMENT 05-06-07-08
C.L.

01/06/09--01013--011 **2000.00
300139933253
01/06/09--01013--011 **2000.00

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 [signature] DATE 12/28/2008

Typed or Printed Name of General Partner Signing Form James D English III Telephone Number (617)924-6735