


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2011 APR 27 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E039 (1/11)

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # A05000000406

1. Name of Limited Partnership

BOCA TITLE PARTNERS TITLE AND ESCROW, LTD

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

900 W. LINTON BLVD

3. Mailing Office Address

900 W. LINTON BLVD

Suite, Apt. #, etc.

STE 200A

Suite, Apt. #, etc.

STE 200A

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33444

Country

Zip

33444

Country

4. Date Formed or Registered
To Do Business in Florida

02/21/05

5. FEI Number

81-3653582

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
SAMUEL CANTOR

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

2499 GLADES ROAD

Suite, Apt. #, Etc.

City
BOCA RATON

FL

Zip Code
33431

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.

E-mail Address:

Titlegategate.net

E-Mail address to be used for future annual report notices.

9. Pursuant to the provisions of section 620.1810 or 620.1809, 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

4/25/11

**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)

FOURTEENTH BEACH, INC

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

900 W. LINTON BLVD
STE 200A

City, State and Zip Code

DELRAY BEACH, FL
33444

10a. Registration
Document Number

P0400089540

REINSTATEMENT

2010-11-20

700202486087
04/19/11--01011--008 **2000.00
CR2E081 (11/10)

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 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. I am aware that 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

[Signature]

DATE 4/25/11

Typed or Printed Name of General Partner Signing Form

JAY A JOSEPHSON

Telephone Number

561-272-5355