

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED
PARTNERSHIP
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # A05706

1. Name of Limited Partnership

Wolfs' Lair, Ltd

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

2822 Swifton Dr

3. Mailing Office Address

PO Box 49163

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota

Zip

34231

Country

USA

Zip

FL

Country

34230

8. Name and Address of Current Registered Agent

Name
Wolf A Weinhold

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

2822 Swifton Dr

Suite, Apt. #, Etc.

City

Sarasota

FL

Zip Code
34231

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

**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)

Wolf A Weinhold

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

2822 Swifton Dr

City, State and Zip Code

Sarasota, FL 34231

10a. Registration
Document Number

300263595229
08/22/14--01026--003 **15000.00

300263595229
08/22/14--01026--004 **8.75

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

DATE

Typed or Printed Name of General Partner Signing Form

Wolf A Weinhold

Telephone Number

941-924-8814

FILED

14 AUG 22 PM 1:24

**M. MILLIGAN SECRETARY OF STATE
EXAMINER ALLAHASSEE, FLORIDA**

AUG 22 2014

REINSTATEMENT
CR2E039 (1/11)

2000-2014

4. Date Formed or Registered
To Do Business in Florida **29 April 1977**

5. FEE NUMBER
59-1784154

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

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:

waw@verizon.net

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