

2008 LIMITED PARTNERSHIP REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 23 PM 2: 03

DOCUMENT # A06000000231

1. Entity Name
MCKERNAN FAMILY ENTERPRISES, L.P.



Principal Place of Business
768 BRENTWOOD PLACE
NAPLES, FL 34110

Mailing Address
768 BRENTWOOD PLACE
NAPLES, FL 34110

2. Principal Place of Business - No P.O. Box #
15314 Corsini Way

3. Mailing Address
P.O. Box 110729



07082008 REIN-LP CR2E100 (1/07)

City & State
Naples, Florida

City & State
Naples, Florida

4. FEI Number
35-2003228

Applied For
Not Applicable

Zip
34110

Country
USA

Zip
34108

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKERNAN, LEO J
768 BRENTWOOD PLACE
NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
15314 Corsini Way
City Naples FL Zip Code 34110

8. Pursuant to the provisions of sections 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 Signature, typed or printed name of registered agent and date if applicable. (REGISTERED AGENT MUST SIGN)

July 17, 2008
DATE

FILE NOW!!! FEE IS \$1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	MCKERNAN, LEO J TRUSTEE	STREET ADDRESS	
NAME	PO BOX 110729	CITY- ST- ZIP	
STREET ADDRESS	NAPLES, FL 34108		
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	800133090778
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CITY- ST- ZIP			

REINSTATEMENT 2007-08

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report, as required by Chapter 620, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

July 17, 2008
DATE

Daytime Phone #

STAPLE CHECK HERE