

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 23 PM 2:57

DOCUMENT # A06000000713

1. Name of Limited Partnership

S & J YEZBICK FAMILY LIMITED PARTNERSHIP

REINSTATEMENT 2007-10 SEM

000172877800

03/23/10--01011--004 **2000.00

CR2E039 (1/07)

2. Principal Office Address - No P.O. Box #
1412 SW 15 AVENUE3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

City & State

Zip
33312Country
USA

Zip

Country

4. Date Formed or Registered
To Do Business in Florida

MAY 31, 2006

5. FEI Number

Applied For

☒ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status**8. Name and Address of Current Registered Agent**

Name

James Yezbick, D.O.

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

1412 SW 15 AVENUE

Suite, Apt. #, Etc.

City
FORT LAUDERDALEState
FLZip Code
33312**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 re/oked on our records.☒ A \$500 penalty is due for each year or part thereof of 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certificate of authority was revoked on our records, except in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)

James Yezbick D.O.

DATE: 3/18/10

(REGISTERED AGENT MUST SIGN)

**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
James Yezbick, D.O.	1412 SW 15 AVENUE	FORT LAUDERDALE FL 33312	Document Number A06000000713

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 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.

SIGNATURE

James Yezbick D.O.

DATE: 3/18/10

Typed or Printed Name of General Partner Signing Form

James Yezbick, D.O.

Telephone Number

954 525 3006