FILED

08 SEP -5 AM 10:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2008 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A06000001455

1. Entity Name
DONALD T. DAVIS FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
6994 STATE ROAD 66 ZOLFO SPRINGS, FL 33890	6994 STATE ROAD 66 ZOLFO SPRINGS, FL 33890

08082008 REIN-LP CR2E100 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	6134 STATE RD 66
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State: ZOLFO SPRINGS, FL
Zip / Country	Zip: 33890 / Country: US

4. FEI Number: ✓ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCLURE, JOHN K 230 SOUTH COMMERCE AVE. SEBRING, FL 33870	Name: JOHN K McCLURE Street Address (P.O. Box Number is Not Acceptable): 211 S RIDGEWOOD DRIVE City: SEBRING FL Zip Code: 33870

8. 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: John K. McClure 8/8/08
(Signature of the printed name of registered agent and title if applicable) (REGISTERED AGENT MUST SIGN) 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 #		STREET ADDRESS	000135593980
NAME	DAVIS FAMILY PROPERTIES, LLC	CITY-ST-ZIP	09/09/08--01012--010 **1000.00
STREET ADDRESS	6994 STATE ROAD 66		
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890		
DOCUMENT #		STREET ADDRESS	REINSTATEMENT
NAME		CITY-ST-ZIP	
STREET ADDRESS			0708
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	LSELLERS
STREET ADDRESS			
CITY-ST-ZIP			SEP - 5 2008
DOCUMENT #		STREET ADDRESS	EXAMINER
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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 if 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] 8/8/08 (863) 735-1014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #