PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2020 AUG 10 AM 9:00

DOCUMENT # A07000000041

1. Name of Limited Partnership

The Montgomery Family Group Limited Partnership

CR2E039 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
29171 Marcello Way	29171 Marcello Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, Florida	City & State: Naples, Florida
Zip: 34110 Country: USA	Zip: 34110 Country: USA

4. Date Formed or Registered to Do Business in Florida: 01/11/2(

5. FEI Number: 20-8216358

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 for a

8. Name and Address of Current Registered Agent

Name: Mark H. Montgomery

Street Address (P.O. Box Number is Not Acceptable): 29171 Marcello Way

Suite, Apt. #, Etc.

City: Naples FL Zip Code: 34110

7. FEES:

Filing Fee(s): $411.25 for each year due this

Supplemental Fee(s): $88.75 for each year d

Penalty Fee(s): $500 for each year or part the partnership revoked on our re

E-mail Address: mark.h.montgomery@gamil

E-Mail address to be used for future annua

9. Pursuant to the provisions of section 620.1610 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations o Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Mark H. Montgomery DATE
(REGISTERED AGENT MUST SIGN)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSIN 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.
Mark H. Montgomery	29171 Marcello Way	Naples, FL 34110	
Susan V. Montgomery	29171 Marcello Way	Naples, FL 34110	

REINSTATEMENT
2014-2020
AUG 11 2020
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a ge

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 Divs on or C 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 re 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 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 Mark H. Montgomery Susan Montgomery DATE 6-11

Mark H. Montgomery and Susan V. Montgomery
Typed or Printed Name of General Partner Signing Form

Telephone Number (239) 777-4743