

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



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

**FILED**

12 NOV -2 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** A07000000315

1. Name of Limited Partnership

*Sara Spencer Family Partnerships, LLP*

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

*3222 Shorer Rd.*

3. Mailing Office Address

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Tallahassee, FL*

City & State

Zip

*32312*

Country

*Leon*

Zip

Country

4. Date Formed or Registered  
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

*Eddie Spencer*

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

*3222 Shorer Rd.*

Suite, Apt. #, Etc.

City

*Tallahassee*

FL

Zip Code

*32312*

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:

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

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)

*Eddie Spencer*

DATE *11-2-12*

(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

*Spencer Family  
Enterprises, LLC*

*3222 Shorer Rd.*

*Tallahassee, FL*

*32312*

*L07000015*

*696*

*400241444594*

*11/02/12--01010--020 \*\*1238.75*

**REINSTATEMENT** *12*

*11-2-12*

**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

*Eddie Spencer*

DATE *11-2-12*

Typed or Printed Name of General Partner Signing Form

*EDDIE SPENCER*

Telephone Number