

Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : GREENSPOON MARDER, P.A.
 Account Number : 076064003722
 Phone : (888) 491-1120
 Fax Number : (954) 343-6962

LP/LLP REINSTATEMENT

THE JAMES LAMBERT FAMILY LIMITED PARTNERSHIP

RECEIVED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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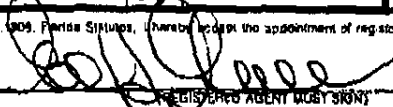
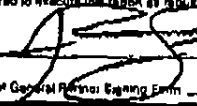
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Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 09 NOV 12 PM 2:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # A07000001424 1. Name of Limited Partnership THE JAMES LAMBERT FAMILY LIMITED PARTNERSHIP					
2. Principal Office Address - No P.O. Box # 3015 NORTH OCEAN BLVD.		3. Mailing Office Address 3015 NORTH OCEAN BLVD.		4. Date Formed or Registered To Do Business in Florida 12/26/2007 5. FRI Number Applied For ☒ Not Applicable	
Suite, Apt. #, etc. STE. 121		Suite, Apt. #, etc. STE. 121			
City & State FORT LAUDERDALE FL		City & State FORT LAUDERDALE FL			
Zip 33308	Country US	Zip 33308	Country US		
6. Name and Address of Current Registered Agent GENE K. GLASER, ESQ. 100 W. CYPRESS CREEK ROAD STE. 700 FORT LAUDERDALE				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. ☒ A \$500 penalty is due for each year or part thereof the entity's Certificate of Authority was revoked on our records, except in circumstances which the entity did not receive the prior notice. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.	
State FL Zip Code 33308					
9. Pursuant to the provisions of section 620.1810 or 620.1805, 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)  DATE _____ 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	
DANIEL LAMBERT		3015 North Ocean Boulevard, Suite 121		Fort Lauderdale, Florida 33308	
JAMES R. LAMBERT		3015 North Ocean Boulevard, Suite 121		Fort Lauderdale, Florida 33308	
REINSTATEMENT		08-09		GA	
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 				DATE 11-10-09	
Typed or Printed Name of General Partner Signing Form _____				Telephone Number 854-491-1120	