

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

07 JUN 13 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/15/07--01032--002 **1000.00

CR2E039 (1/07)

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # A08856

1. Name of Limited Partnership

Broad Acres Mobile Home Estates, Limited

2. Principal Office Address - No P.O. Box #
100 Main Street

3. Mailing Office Address
100 Main Street

Suite, Apt. #, etc.
Suite 207

Suite, Apt. #, etc.
Suite 207

City & State
Safety Harbor, FL

City & State
Safety Harbor, FL

Zip
34695

Country
US

Zip
34695

Country
US

4. Date Formed or Registered
To Do Business in Florida 05/05/1980

5. FFL Number
592000813

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
Robert J Sanders

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

Suite, Apt. #, Etc.
Suite 207

City
Safety Harbor, FL

State
FL

Zip Code
34695

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certificate of authority was revoked on our records, except in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 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)

(REGISTERED AGENT MUST SIGN)

DATE 06/05/2007

**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

Inland Manufactured Homes,
Inc.

100 Main Street, Suite
207

Safety Harbor, FL 34695

660273

REINSTATEMENT

06 07

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 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.

SIGNATURE

DATE 6/5/2007

Typed or Printed Name of General Partner Signing Form

Robert J Sanders

Telephone Number 727-683-1730