

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2011 FEB -1 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A09000000224

1. Name of Limited Partnership

FAIR WINDS FUNDS, LP

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

5010 Summer Beach Blvd.

3. Mailing Office Address

5010 Summer Beach Blvd.

Suite, Apt. #, etc.

Sailmaker #507

Suite, Apt. #, etc.

Sailmaker #507

City & State

Fernandina Beach, FL

City & State

Fernandina Beach, FL

Zip

32034

Country

US

Zip

32034

Country

US

CR2E039 (05/10)

4. Date Formed or Registered
To Do Business in Florida

4/6/2009

5. FEI Number

26-4679946

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

F&L Corp

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

One Independent Drive

Suite, Apt. #, Etc

Suite 1300

City

Jacksonville

State

FL

Zip Code

32202

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.

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02/01/11--01023--002 **2000.00

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)

Charles V. Hedrick

(REGISTERED AGENT MUST SIGN)

Charles V. Hedrick

DATE

December--28, 2010

**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 |
|-----------------------------------|---|-------------------------------|--------------------------------------|
| Fair Winds Capital, LLC | 5010 Summer Beach Blvd Sailmaker #507 | Fernandina Beach, FL 32034 | L09000028606 |

J. SAULSBERRY
EXAMINER

FEB 03 2011

REINSTATEMENT
2010-11

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

James M. Perry

DATE

1/27/11

Typed or Printed Name of General Partner Signing Form

Fair Winds Capital, LLC by James M.

Telephone Number 734-864-2026

Perry, Managing Member