

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



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

**DOCUMENT # A09000000484**

1. Name of Limited Partnership

Maymarj Investments, L.P.

2. Principal Office Address - No P.O. Box #  
11318 Creek Drive

3. Mailing Office Address  
623 Turkey Creek

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Alachua, Florida

City & State  
Alachua, Florida

Zip  
32615

Country  
Alachua

Zip  
32615

Country  
Alachua

8. Name and Address of Current Registered Agent

Name  
Jerry M. Smith

Street Address (P.O. Box Number is Not Acceptable)  
11318 Creek Drive

Suite, Apt. #, Etc.

City  
Alachua

FL Zip Code  
32615

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)

*Jerry M. Smith*

(REGISTERED AGENT MUST SIGN)

DATE 12-24-12

**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

Jerry & Laura Smith, Inc.

11318 Creek Drive

Alachua, FL 32615

P09000058553

DEC 27 2012  
S. PRATHER

600243092586  
12/27/12--01032--024 \*\*\$3000.00

**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 §817.153, F.S.

SIGNATURE

*Jerry M. Smith*

DATE 12-24-12

Jerry M. Smith, President of General Partner

Typed or Printed Name of General Partner Signing Form

Telephone Number (352) 317-0777