

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
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TALLAHASSEE, FLORIDA

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LP/LLLP REINSTATEMENT
FLORIDA SAWMILLS L.P.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$2,000.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2016 FEB 25 AM 10:38

TALLAHASSEE, FLORIDA

LIMITED
PARTNERSHIP
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A12000000355

1. Name of Limited Partnership

FLORIDA SAWMILLS L.P.

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

1297 Professional Drive

3. Mailing Office Address

1297 Professional Drive

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

Suite 202

City & State

Myrtle Beach SC

City & State

Myrtle Beach SC

Zip

29577

Country

USA

Zip

29577

Country

USA

CR2E039 (1/11)

4. Date Formed or Registered
To Do Business in Florida

06/21/12

5. Filing Number
46-1209406☐ Applied For
☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

FL

Zip Code
33324

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:

awells@bakerdonelson.com

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.

Michael Jones

SIGNATURE (Registered Agent Accepting Appointment)

(REGISTERED AGENT MUST SIGN)

Assistant Secretary

DATE 2/24/2016

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

Florida Entrepreneur, LLC

1297 Professional Drive
Suite 202

Myrtle Beach SC 29577

REINSTATEMENT

2015-2016

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 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. 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

DATE

2/23/16

Typed or Printed Name of General Partner Signing Form

Thomas Mende, Secretary
Florida Entrepreneur LLC

Telephone Number

(843) 443-9620