

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED
PARTNERSHIP
REINSTATEMENT**



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

FILED

14 JAN 10 PM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200255497572
01/10/14--01030--010 **2500.00

CR2E039 (1/11)

DOCUMENT # A17144

1. Name of Limited Partnership

Taft Plaza, Ltd.

2. Principal Office Address - No P.O. Box #
6460 Taft Street

3. Mailing Office Address
6460 Taft Street

Suite, Apt. #, etc.
Apt. 118

Suite, Apt. #, etc.
Apt. 118

City & State
Hollywood

City & State
Hollywood

Zip Country
33024 USA

Zip Country
33024 USA

4. Date Formed or Registered
To Do Business in Florida **05/29/1984**

5. FEE NUMBER
59 2407984

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
Michael P. Gable

Street Address (P.O. Box Number is Not Acceptable)
4000 Hollywood Boulevard

Suite, Apt. #, Etc.
Suite 735 South Tower

City Zip Code
Hollywood FL 33021

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:

michaelpgable@att.net

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.

SIGNATURE (Registered Agent Accepting Appointment) *Michael P. Gable*

(REGISTERED AGENT MUST SIGN)

DATE **1/6/14**

**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

**David Gable
Janet Gable**

**6460 Taft St., Apt. 118
6460 Taft St., Apt. 118**

**Hollywood, FL 33024
Hollywood, FL 33024**

REINSTATEMENT

200255497572
02/03/14--01044--006 **500.00

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 s.817.155, F.S.

SIGNATURE

David Gable
David Gable

DATE **1/6/14**

Typed or Printed Name of General Partner Signing Form

Telephone Number **954-966-2501**

C. CARROTHERS