PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERS REINSTATEM	HIP I		TMENT OF ST ry of State corporations	ATE	2015 AUG 12 PH 1	·	
DOCUMEN* 1. Name of Limited Per					March 11 of the St. Co. St.		
Pitnic Limited							
2. Principal Office Address - No P.O. Box # 5000 Pitnic Rd		3. Mailing Office Address 5000 Pitnic Rd			2002761 08/12/150100 crzeos	006572 4015 **16000.00 9000	
Suite, Apt. #, otc.		Suite, Apt. #, etc.				· · ·	
City & State Jay, Florida		City & State Jay, Florida			Date Formed or Registered 12 To Do Business in Florida 12 FEI Number	Applied For / Not Applicable	
^{zig} 2565	Santa Rosa	32565	Country		6. CERTIFICATE OF STATUS DESIRED	SR 75 Artificant from received	
8. Name and Address of Current Registered Agent Name CORPORATION COMPANY OF MIAMI Street Address (R.O. Box Number is Not Acceptable) 201 S. BISCAYNE BIVO,					7. FEES: Filing Fee(s): \$411.25 for each yes Supplemental Fee(s): \$88.75 for Penalty Fee(s): \$500 for each yes partnership revok	each year due this office. er or part thereof limited	
។5ំព៉ Filoor (Miami, Flori	<u> </u>	FL 33131			E-mail Address: edmundhenry3@gmail.com E-Mail address to be used for future annual report notices.		
9. Pursuant to the provisions of section 620,1810 or 620,1800, Florida Statutes, I hereby accept the appointment of registered agent.) am familiar with, and accept the obligations of Chapter 620, Florida Statutes. Timothy J. Murphy Vice President DATE 6/65/20(5							
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 G	oneral Permer(s)	Address of Each Géneral Pariner (Do NOT Use Post Office Eax Numbers)			City, State and Zip Code	10a. Registration Document Number	
Thomas Brook	STATE				Florida 32565		
2000-	2015		•				
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
11. Ido 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-compilence 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 if gall 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 <u>Fronter 1 am 1</u> ware that falso information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817.155, F.S.							
SIGNATURE DATE 8/0/45 Typed or Printed Name of General Partner Signing Form Thomas Brooks Henry General Partner Telephone Number							
Typed or Printed Name of General Pariner Signing Forth							

Shirley E. Wilkerson Locklin, Saba, Locklin & Jones P.A 4557 Chumuckla Hwy Pace, FL 32571-1001 Infinitely E. Wilkerson Pace Sov		RECEIVED DEPARTION OF ST. 15 AUG 12 AH II: 32 SUFFICIENCY OF FILING Office Use Only			
CORPORATION NAME(S) & DOC	UMENT NUMBER(S), (if	known):			
Pitnic Linited	A 24	013			
Corporation Name) 3. (Corporation Name)	(Document #)	DO NOT MAIL! Call Karen to Pick Up: 878-9966			
(Corporation Name)	(Document #)				
Walk in Pick up time	3PM	☐ Certified Copy			
Mail out Will wait	Photocopy	Certificate of Status			
	— г пососору	Chade# 15249			
NEW FILINGS	AMENDMENTS	Chede# 15249 \$16,000.000ttacked			
Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report	☐ Change of Regist☐ Dissolution/With☐ Merger	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION			
Fictitious Name	Limited Partnersh Reinstatement Trademark Other	nip			

Examiner's Initials