

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 13 AM 9:34

**DOCUMENT #**

A28278

**1. Name of Limited Partnership**

Henrietta Associates, LTD.

**2. Principal Office Address**

8004 N. Armenia Ave

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33604

Country

USA

**3. Mailing Office Address**

8004 N Armenia Ave

Suite, Apt. #, etc.

City & State

Tampa

Zip

33604

Country

USA

CR2E039 (11/05)

**4. Date Formed or Registered  
To Do Business in Florida**

**5. FEI Number**

592948365

☐ 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

Todd K. Rosenthal

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

8004 N. Armenia Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33604

**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

**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)

(REGISTERED AGENT MUST SIGN)

DATE 10/11/06

**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
	Todd K. Rosenthal	8004 N Armenia Ave	Tampa, FL 33604		
	Dobbie Rosenthal S	8004 N. Armenia Ave	Tampa, FL 33604		
					700081145097 10/24/06--01022--001 **1000.00

**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 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

Todd K. Rosenthal

DATE 10/11/06

Typed or Printed Name of General Partner Signing Form

Todd K. Rosenthal, MD

Telephone Number

813-933-9131

**TODD K. ROSENTHAL, M.D.**  
8004 North Armenia Ave.  
Tampa, Florida 33604

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 OCT 13 AM 9:34

October 11, 2006

To Whom It May Concern:

It was just brought to my attention the Limited Partnership for Henrietta (document # A28278) was not filed the last two years. We would like to reinstate the Limited Partnership immediately.

We have not been notified via the mail about filing our annual report or that the partnership was dissolved. When I spoke to the Division of Corporation they indicated there was a red box to check on the form to waive the fee. It appears on the screen however when I printed the form the box was eliminated. I was then instructed to send a letter with reinstatement form. If you need any further information or assistance please feel free to contact me at 813-933-9131

Thank you for your assistance in this matter.

Sincerely,



Todd K. Rosenthal M. D.