

FILED

09 JUL 17 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                  |                                                                                   |                                                                                      |
|--------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>LIMITED<br/>PARTNERSHIP<br/>REINSTATEMENT</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|

DOCUMENT # A28669

1. Name of Limited Partnership

ORANGEWOOD PROPERTIES, LTD.

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

7383 Orangetown Lane

3. Mailing Office Address

P.O. Box 3377, Memorial Station

Suite, Apt. #, etc.

Unit 505

Suite, Apt. #, etc.

City &amp; State

Boca Raton, FL

City &amp; State

Upper Montclair, NJ

Zip

33433

Country

USA

Zip

07043-3377

Country

USA

4. Date Formed or Registered  
To Do Business in Florida

7/24/1989

5. FRI Number

65-0106459

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  
Paul Silverman

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

7383 Orangetown Lane

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

## 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.
☒ A \$500 penalty is due for each year or part thereof the entity's  
certificate of authority was revoked on our records, except in  
circumstances which the entity did not receive the prior notices.  
By checking this box, you are certifying the prior notices were not  
received and requesting the \$500 penalty fee(s) be waived.
9. Pursuant to the provisions of sections 620.1610 or 620.1620, 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

7/15/09

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<br>(Do NOT Use Post Office Box Numbers) | City, State and Zip Code | 10a. Registration<br>Document Number |
|-----------------------------------|-------------------------------------------------------------------------|--------------------------|--------------------------------------|
| Edward Silverman                  | 7383 Orangetown Lane                                                    | Boca Raton, FL 33433     |                                      |
| Cathy Silverman                   | 849 Newark Turnpike                                                     | Kearny, NJ 07032         |                                      |
| Denise Silverman                  | 849 Newark Turnpike                                                     | Kearny, NJ 07032         |                                      |
| Constance Silverman               | 849 Newark Turnpike                                                     | Kearny, NJ 07032         |                                      |

REINSTATEMENT

2003-2009

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

Denise Silverman

DATE

7/15/09

Typed or Printed Name of General Partner Signing Form

DENISE SILVERMAN

Telephone Number

214 354 325

A28669

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE:** 07-17-09

**NAME:** ORANGEWOOD PROPERTIES, LTD

**TYPE OF FILING:** REINSTATEMENT

**COST:** CK FOR \$3,500 ATTACHEDp

**RETURN:**

---

**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

---

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

09 JUL 17 AM 10:46

RECEIVED

BK