

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 JUN 16 AM 9:44

DOCUMENT # A29255

1. Name of Limited Partnership

SCHLICKE ENTERPRISES, LTD.

2. Principal Office Address

582 RIVIERA DR

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33606

Country

USA

3. Mailing Office Address

582 RIVIERA DR

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33606

Country

USA

CR2E039 (11/05)

4. Date Formed or Registered
To Do Business in Florida **11/27/1989**

5. FEI Number

592991133

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
LUTZ H. SCHLICKE

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

582 RIVIERA DR

Suite, Apt. #, Etc.

City
TAMPA, FL

State
FL

Zip Code
33606

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 **6-13-06**

**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

LUTZ H. SCHLICKE

582 RIVIERA DR

TAMPA, FL 33606

N/A

REINSTATEMENT

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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 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.

SIGNATURE

DATE **6-13-06**

Typed or Printed Name of General Partner Signing Form

LUTZ H. SCHLICKE

Telephone Number **813-714-6069**