

2009 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A30818

1. Entity Name
FOXMEADOW LAKE, LTD.



FILED

09 SEP -1 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1718 KINGSLEY AVE
ORANGE PARK, FL 32073

Mailing Address
1718 KINGSLEY AVE
ORANGE PARK, FL 32073

2. Principal Place of Business - No P.O. Box #

1722 Kingsley Ave.

Suite, Apt. #, etc.
Suite 195

3. Mailing Address

1722 Kingsley Ave.

Suite, Apt. #, etc.
Suite 195

08242009

REIN-LP

CR2E100 (1/07)

City & State

Orange Park, FL

City & State

Orange Park, FL

Zip

32073

Country

USA

Zip

32073

Country

USA

4. FEI Number

59-3039226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILHITE, MARVIN E.
1718 KINGSLEY AVE.
ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent

Name

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

1722 Kingsley Ave., Suite 195

City

Orange Park

FL

Zip Code

32073

8. 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

Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

DATE

FILE NOW!!! FEE IS \$1000.00

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # 295289
NAME AHPLA, INC.
STREET ADDRESS 1718 KINGSLEY AVE.
CITY-ST-ZIP ORANGE PARK, FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1722 Kingsley Ave., Suite 195
CITY-ST-ZIP Orange Park, FL 32073

DOCUMENT #
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CITY-ST-ZIP

REINSTATEMENT 2008-09

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/25/09

(904)
264-9529

Daytime Phone #

STATE OF FLORIDA