

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A32228

1. Name of Limited Partnership

Cahaba Timberlands, LTD.

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

1722 Kingsley Avenue

Suite, Apt. #, etc.
Suite 195

City & State
Orange Park, Florida

Zip
32073

Country
US

3. Mailing Office Address

1722 Kingsley Avenue

Suite, Apt. #, etc.
Suite 195

City & State
Orange Park, Florida

Zip
32073

Country
US

8. Name and Address of Current Registered Agent

Name

Marvin E. Wilhite, Sr.

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

1722 Kingsley Avenue

Suite, Apt. #, Etc.

Suite 195

City

Orange Park

State
FL

Zip Code

32073

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

6-12-09

**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
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration
Document Number

Ahpla, Inc.

1722 Kingsley Avenue
Suite 195

Orange Park, FL 32073

295289

REINSTATEMENT

04-09AL

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

Ahpla, Inc., by Marvin E. Wilhite,
President

DATE

6-12-09

Typed or Printed Name of General Partner Signing Form

Telephone Number

(904) 244-9529

FILED

2009 JUN 30 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900152289199

06/16/09--0073--003 **\$500.00

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

11-13-1991

5. FEI Number

59-3116600

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status