

A32403

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 MAY - 1 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A 32403

1. Name of Limited Partnership

Golden Oaks of Florida, Limited Partnership
06

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

4004 Shady Oak Ct

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 952977

Suite, Apt. #, etc.

City & State

Lake Mary, FL

City & State

Lake Mary, FL

Zip

32746

Country

USA

Zip

32795

Country

USA

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

12/27/1991

5. FEI Number

593119710

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

Palmer Group, Inc

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

4004 Shady Oak Ct

Suite, Apt. #, Etc.

City

Lake Mary, FL

State

FL

Zip Code

32746

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certificate of authority was revoked on our records, except in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 section 620.1610 or 620.1608, 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 2/9/09

**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**

GOLDEN OAKS PARTNERS
GP, INC.

4004 Shady Oak
Ct.

Lake Mary, FL
32746

PA400000
5268

MBE CONSTRUCTION &
MARINE INSTITUTE, INC

4 PALM DRIVE

ORMOND BEACH, FL
32176

n37855

REINSTATEMENT 2006-2009

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

DATE 2/9/09

Typed or Printed Name of General Partner Signing Form

Charles B Palmer

Telephone Number

407 936-1400