

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A94000003 3,500.00 3,508.75

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 MAR - 3 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

CR2E039 (1/07)

**DOCUMENT #**

1. Name of Limited Partnership

Sunshine Portfolio, LTD. II

02

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

427 So. Main St

3. Mailing Office Address

PO Box 2462

Suite, Apt. #, etc.

#315

Suite, Apt. #, etc.

City & State

Cedar City, UTAH

City & State

Cedar City, UTAH

Zip

84720

Country

USA

Zip

84720

Country

USA

4. Date Formed or Registered  
To Do Business in Florida

3/10/1994

5. FEI Number

59-3229440

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

Forich, LLC

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

1840 Coral Way, 4th Floor

Suite, Apt. #, Etc.

Suite 4-505

City

Miami

State

FL

Zip Code

33145

**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 of 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certificate of authority was revoked on our records, except in  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 620.1810 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 3/3/08

**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
Barta Real Estate, INC	427 So. Main St #315	Cedar City, UT 84720	F94000000215
		200119944882 03/11/08--01015--023 **4550.00	
		REINSTATEMENT 2002-2008	
		200119944882 03/11/08--01015--024 **8.75	

**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

Typed or Printed Name of General Partner Signing Form

Barta Real Estate, INC

Telephone Number