

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED
PARTNERSHIP
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

2011 DEC 28 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000000426

1. Name of Limited Partnership

Florida Tax Credit Fund II, Ltd.

2. Principal Office Address - No P.O. Box #
141 Tompkins Avenue

3. Mailing Office Address
3700 S. Conway Road

Suite, Apt. #, etc.
3rd Floor

Suite, Apt. #, etc.
Suite 212

City & State
Pleasantville, New York

City & State
Orlando, Florida

Zip
10570

Country
USA

Zip
32812

Country
USA

4. Date Formed or Registered
To Do Business in Florida **3/31/1994**

5. FEI Number **650477607**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$5.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Paul Jubelt c/o Bartow Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)
3700 S. Conway Road

Suite, Apt. #, Etc.
Suite 212

City
Orlando

FL Zip Code
32812

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.

E-mail Address:

pjubelt@apmsvs.com

E-Mail address to be used for future annual report notices

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)

[Signature]
(REGISTERED AGENT MUST SIGN)

DATE **December 16, 2011**

**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 Number)

City, State and Zip Code

10a. Registration
Document Number

Bartow Management, Inc.

**141 Tompkins Avenue,
3rd Floor**

**Pleasantville, New York
10570**

F03000005225

700215595167
12/28/11--01047--002 **4008.75

REINSTATEMENT

08-11-12

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 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. I am aware that false information submitted to a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

[Signature]
Jeffrey Rachlin, President

DATE **December 16, 2011**

Typed or Printed Name of General Partner Signing Form

Telephone Number **(914) 347-8800**