

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 13 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000000592

1. Name of Limited Partnership

Crouse Family Limited Partnership

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

6336 Rolden Court

3. Mailing Office Address

6336 Rolden Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mt. Dora, Florida

City & State

Mt. Dora, Florida

Zip
32757

Country
USA

Zip
32757

Country
USA

CR2E039 (1/07)

4. Date Formed or Registered
To Do Business in Florida 04/07/1997

5. FEI Number 59-3240094

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
Carl E. Crouse

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

6336 Rolden Court

Suite, Apt. #, Etc.

City
Mt. Dora

State
FL

Zip Code
32757

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certificate of authority was revoked on our records, except in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 620.1810 or 620.1900, 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)

Carl E. Crouse

DATE

Nov-4-09

(REGISTERED AGENT MUST SIGN)

**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
Carl Crouse	6336 Rolden Court	Mt. Dora, FL 32757	N/A
Terry Crouse	11129 Oakshore Lane	Clermont, FL 34711	N/A
Michael Crouse	1477 Lakemist Lane	Clermont, FL 34711	N/A
Steven L. Crouse	14630 Pine Lake St.	Clermont, FL 34711	N/A

REINSTATEMENT
07-09 pb

000162576850
11/06/09--01045--002 \$1500.00

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

Carl E. Crouse

DATE

Nov-4-09

Typed or Printed Name of General Partner Signing Form

Carl E. Crouse

Telephone Number

321-689-6091