

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 21 AM 9:02

DOCUMENT # A94000000966

1. Name of Limited Partnership

LAVAR Family Limited Partnership

2. Principal Office Address

1921 NORTHWEST 25TH ST

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33431

Country

3. Mailing Office Address

1218 OAKWOOD COURT

Suite, Apt. #, etc.

City & State

ROCHESTER HILLS, MI

Zip

48307

Country

OAKLAND

CR2E039 (11/05)

4. Date Formed or Registered
To Do Business in Florida

7/15/94

5. FEI Number

65-0505013

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

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State
FL

Zip Code

33324

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

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)

Claudia L. Sparr
(REGISTERED AGENT MUST SIGN)

DATE

12/27/00

Claudia L. Sparr
Asst. Secretary

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)

LAVAR, BETTY TRUSTEE

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1218 OAKWOOD COURT

City, State and Zip Code

ROCHESTER HILLS
MI 48307

10a. Registration
Document Number

N/A

000092835760

12/28/05--01043--005 **2000.00

2005

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

Betty J. LaVere

DATE

10/30/2006

Typed or Printed Name of General Partner Signing Form

BETTY J. LAVERE

Telephone Number: (248) 651-4561